THE JOURNAL

OF THE

American Medical Association

Published Under the Auspices of the Board of Trustees

VOL. 168, NO. 5 — CHICAGO, ILLINOIS — OCTOBER 4, 1958

COPYRIGHT, 1958, BY AMERICAN MEDICAL ASSOCIATION

PHYSIOLOGICAL BASIS FOR HORMONE THERAPY IN THE FEMALE

Russell R. de Alvarez, M.D.
and
Elizabeth K. Smith, Ph.D., Seattle

Each hormone acts upon one or more target organs, which may in turn be intermediate sources of hormone for action on other, more remote target organs. Rational therapy in gynecology and obstetrics depends on a clear understanding of the existence, identity, and function of the intermediate target organs. If these are absent or incapable of responding, success depends on supplying the hormone which they normally produce, not the hormone which normally stimulates them. For example, when the ovary is absent or nonfunctional, the gonadotropic hormones of the hypophysis are unable to affect the endometrium; rational therapy then depends on giving a hormone normally supplied by the ovary, not by the hypophysis. The hormones obtained by chemical synthesis differ in many respects from those obtained by extraction, but, in general, the concept of target organs must be kept in mind when any type of endocrine therapy is planned.

THE GYNECOLOGIST, in teaching and consulting on gynecologic endocrinology, is frequently confronted with questions relating to the proper treatment of such common problems as amenorrhea, habitual abortion, functional and dysfunctional bleeding, infertility, and osseous metastatic carcinoma. Since most of these disorders often merely represent symptoms or signs of underlying disease, definitive therapy cannot be outlined until the cause of the clinical manifestations has been demonstrated. If the cause proves to be endocrinous, then therapy must be directed toward specific replacement of the hormone or hormones responsible for a particular hypofunction or toward inhibition of a known and definite hyperfunction in an attempt to establish normal homeostasis. In order to pinpoint therapy as accurately as possible, an understanding of present-day hormonal concepts concerning normal physiological interrelations of the various glands of internal secretions and their target tissues becomes essential.

Action of Hormones

In general, hormones act directly on a given organ system. However, the same hormone may act indirectly on various body cells as a result of the

From the Department of Obstetrics and Gynecology, University of Washington School of Medicine.

Read before the Section on Obstetrics and Gynecology at the 107th Annual Meeting of the American Medical Association, San Francisco, June 25, 1958.

responses produced in the original target organ by direct hormonal stimulation (fig. 1). The anterior lobe of the pituitary gland is considered to master the other glands of the endocrine system. Even though the influences of the hypothalamus on the pituitary are not fully understood, it is presently

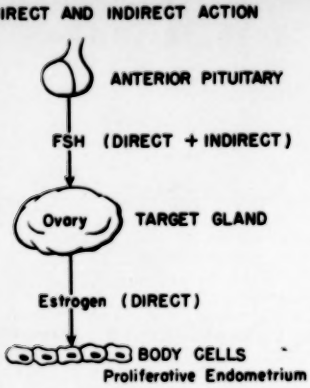


Fig. 1.—Action of hormones by direct and indirect stimulation.

believed that certain neurosecretions are released from the hypothalamus into the hypophysial portal system to aid in regulating the secretory activity of the anterior lobe cells.

The pituitary hormones that possess predominantly gynecologic influences are the gonadotropic hormones, follicle-stimulating hormone (FSH), luteinizing hormone (LH or ICSH), and prolactin (luteotropic hormone or LTH). The anterior pituitary, with respect to its gonadotropic hormones, acts directly on the ovary and only indirectly on other body cells. For example, when the ovary is absent, the pituitary gonadotropic hormones exert no effect on the endometrium. In the follicular phase of the normal menstrual cycle (fig. 2A), the anterior pituitary elaborates FSH, which in turn causes marked growth of the ovarian follicle and proliferation of the granulosa cells. At this time, in the presence of small amounts of LH, estrogen is secreted which then acts on the uterus to produce two changes: proliferation of the endometrium and growth of the uterus. The continued elaboration of estrogen results in depression of pituitary FSH output coupled with activation of the pituitary to secrete LH and prolactin (fig. 2B). LH acts synergistically with FSH, resulting in ovulation. After ovulation the ovary responds to the stimulus of LH with the formation of the corpus luteum (fig. 2C), from which LH initiates and LTH maintains secretion of progesterone. The primary effect of progesterone is production of secretory changes in the endometrium. In addition to bringing about these uterine changes, progesterone also depresses the pituitary output of LH and prolactin, thus completing the cycle of pituitary-ovarian interrelationships.

Hormones may also act conditionally. In other words, some hormones act only under the condition that a prior action has occurred. For example, progesterone can act only after an estrogen effect has been produced. Therefore, it is impossible to produce a secretory endometrium by administration of progesterone unless the endometrium has already been proliferated by endogenous or exogenous (administered) estrogen. In like manner, prolactin acts on the lactogenic structure of the breasts to effect milk secretion only if estrogen and progesterone have developed adequate ductal and alveolar tissue for functional activity.

Clinical Application

The availability of newer and more effective hormones now makes possible an increasingly practical clinical application of these preparations to obstetric and gynecologic practice. As shown in figure 3A, when an effective exogenous steroid hormone is administered orally or parenterally, even in large

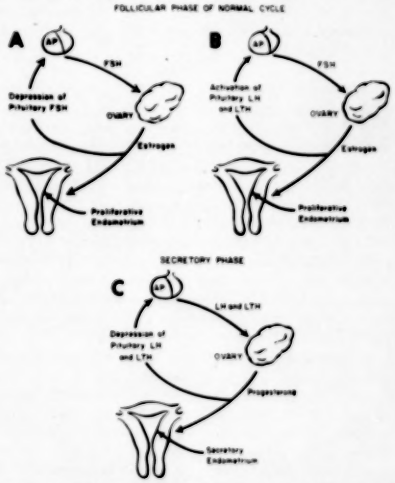


Fig. 2.—Mechanisms of production and effectiveness of ovarian steroids.

dosage, little or no direct effect is produced on the gland from which the hormone is elaborated. Estrogen, for example, does not produce a direct action on the ovary; any alteration in the ovarian function is produced indirectly, through the pituitary. How-

ever, exogenous estrogen does produce inhibition of the pituitary output of FSH and does stimulate body cells, such as endometrium and breast, in the same manner as does estrogen produced physiologically.

There are some clinical conditions in which the pituitary is functionally or anatomically obliterated; the effects of such pituitary ablation are shown in figure 4*A*. Obviously, no pituitary hormones are elaborated. Hypophysectomy is employed by some in an attempt to inhibit the growth of certain types of advanced malignancy. Functional pituitary obliteration exists in sex infantilism with obesity (Fröhlich's syndrome) caused by hypothalamic hypopituitarism. It also occurs when this organ is damaged by such processes as atrophy, embolism, thrombosis, infarction, and neoplasm or in such conditions as hypopituitary cachexia (Simmond's disease) or Sheehan's syndrome. As a result, no gonadotropin is elaborated from the pituitary to stimulate the ovary to secrete its steroid hormones; consequently, not only does the endometrium atrophy but the uterus decreases in size and menstruation ceases.

Theoretically, the administration of a tropic hormone (fig. 3*B*) produces a response similar to that produced by the intact pituitary. Even though purified preparations of FSH, LH, and prolactin are available and are effective in animal experimentation, no satisfactory or sufficiently potent pituitary gonadotropin is available in adequate amounts to effect clinical response. Thus, we have no preparations available for the direct stimulation of human ovulation. However, some effective tropic hormones are available for exogenous use but are of value for the stimulation of other target glands. Corticotropin, for instance, stimulates its target gland, the adrenal cortex, which responds by secreting hydrocortisone. Hydrocortisone then acts on the body cell directly, but the administered corticotropin also acts indirectly, through the elaboration of hydrocortisone, on the anterior pituitary to suppress the output of additional endogenous corticotropin.

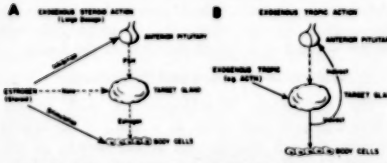


Fig. 3.—Effects of exogenous steroid and tropic hormones.

Endocrinous Disorders

One of the commonest causes of menstrual disorders is ovarian deficiency, due to either functional or anatomic obliteration of the ovary. Figure 4*B* illustrates the pattern of ovarian deficiency characteristic of the menopause. The ovary ceases to respond to stimulation. The reduction or absence of circulating ovarian steroids removes the normal brake on the pituitary, permitting excessive amounts of gonadotropic hormone, especially FSH, to be secreted. Since the ovary is unable to elaborate

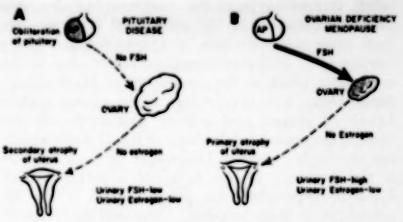


Fig. 4.—Functional or anatomic obliteration of hormone-producing organs.

estrogen and progesterone, menstruation ceases and the uterus atrophies. Hormonal therapy can and should logically be directed at replacement of the target gland's hormone, in this instance, estrogen. Even though estrogen may be highly satisfactory in regulating chemical, physiological, and psychological homeostasis, restoration of ovarian function with respect to ovulation is not possible.

Amenorrhea is probably the most common complaint met in gynecologic practice. It is not a diagnosis but should always be considered as a symptom of some underlying disease or alteration in normal physiology. It is a common symptom of hypothyroidism and a not infrequent finding in adrenal cortical hypofunction (Addison's disease). When the hypothyroidism is due to primary failure of the thyroid and the adrenal cortical hypofunction to adrenal cortical failure, the anterior pituitary reacts by secreting excessive amounts of thyrotropin and corticotropin in an attempt to stimulate the respective refractory target gland. It is possible that the pituitary secretes these tropic hormones at the expense of the gonadotropic hormones, resulting secondarily in inadequate stimulation of the ovary and therefore deficient ovarian hormone (estrogen) secretion, with resultant menstrual disturbances. In such patients, specific replacement with hormones, such as desiccated thyroid or cortisone derivatives, may be corrective. If specific replacement therapy is adequate, the menstrual dysfunction frequently is "cured" without the use of female sex hormones.

The adrenal gland is responsible for certain other endocrinous abnormalities in gynecology. Amenorrhea is one of the early symptoms in patients with adrenal cortical hyperfunction (Cushing's syndrome) or in patients with the adrenogenital syndrome; either of these may be caused by adrenal cortical hyperplasia, by a benign functioning

adenoma, or by carcinoma. The knowledge and understanding of the etiology of the adrenogenital syndrome with virilization due to congenital adrenal hyperplasia have been greatly expanded in recent years. Not only has much been learned about the congenital form, but our understanding of the adult, acquired type of the syndrome has also been greatly enhanced. In the congenital form, an "inborn error of metabolism," the basic defect is in the synthesis of hydrocortisone, primarily due to an enzymatic block in the conversion of 17α-hydroxyprogesterone to hydrocortisone in the adrenal cortex. Levels of plasma and urinary glucocorticoids are usually decreased, while those of the 17-ketosteroids are markedly elevated. Diagnostic of the condition is the presence in the urine of a metabolite of 17α-hydroxyprogesterone, pregnanetriol, which accumulates in large amounts. Increased excretion of another metabolite, pregnanetriolone, recently has been reported by Cox and Finkelstein to be even more specifically diagnostic of hyperplasia than pregnanetriol.

The current concept of hormonal interrelationships in congenital adrenal hyperplasia is diagrammed in figure 5A. Since the zona fasciculata does not respond, adequate hydrocortisone is not produced, control of pituitary secretion is not regulated, and corticotropin (ACTH) is secreted in excessive amounts. The adrenal responds in the only way it can; the zona reticularis responds to the increased stimulus of ACTH by secreting large amounts of androgens, as well as some estrogens. These steroids depress the pituitary output of FSH, with resultant reduction of stimulation of the ovary, absence of ovarian estrogen, atrophy of the uterus, and amenorrhea. When such a patient is treated with cortisone or similar compounds, the output of pituitary corticotropin is inhibited, resulting in decreased secretion of androgens by the adrenal, resumption of a normal pattern of FSH output, and estrogen-induced proliferation of the endometrium. If cortisone treatment is continued (fig. 5B), the changes that occur might be summarized as follows: reduction in function, and probably size, of the zona reticularis of the adrenal cortex, decreased androgen secretion, resumption of normal secretion of FSH, secretion of LH to assist in ovulation and of prolactin to establish secretion by the corpus luteum, elaboration of estrogen and progesterone to stimulate growth of the uterus and breast to produce changes in cornification of the vaginal epithelium, decreased hirsutism, increased pitch of the voice, biphasic temperature curve, proliferative and secretory development of the endometrium, and, in three of our patients, pregnancy. One of these patients recently spontaneously delivered a normal living infant at term, which survived; this was the first patient, to our knowledge, to do so. This will be the subject of a detailed report in the future.

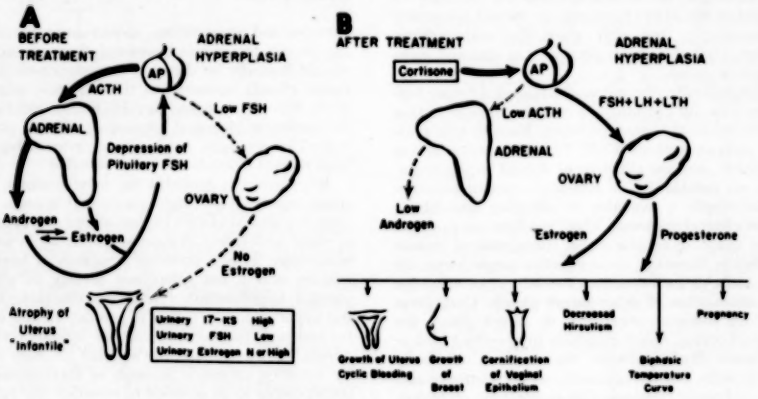


Fig. 5.—Mechanisms of loss and restoration of homeostasis in adrenal hyperplasia.

Effects of Estrogen and Progesterone

The end-effects of estrogen are well known. Uterine growth may occur as a result of the actual growth of each muscle cell of the uterus, of the growth of each connective tissue cell, and of endometrial proliferation. One of the first known effects of estrogen was vaginal cornification, initially demonstrated in the experimental animal and now shown by cytological techniques to exist in the estrogen-treated woman. Another estrogen effect is proliferation of the mammary ducts which promotes growth of the breast. Estrogen inhibits the

output of pituitary follicle-stimulating hormone, a property useful for assessing treatment of the menopausal syndrome.

Estrogen also possesses certain important metabolic effects, the principal one of which is the retention of water and electrolytes, including sodium, potassium, and chloride. It would thus seem a bit paradoxical to advocate its use in the treatment of such syndromes as premenstrual edema, toxemia of pregnancy, or the edema present in certain types of arthritis. Estrogens also promote retention of calcium, phosphorus, and nitrogen. Though less effective than androgens in promoting nitrogen retention, estrogens are more effective in promoting calcium and phosphorus retention. Estrogens are frequently utilized for this anabolic action, either alone or in conjunction with androgens, and are often helpful in the treatment of osteoporosis in women after menopause and of metastatic bone carcinoma.

Effects of progesterone generally depend on the condition that estrogen has acted on the cell previously. The necessity for prior proliferative action of estrogen, either endogenous or administered, becomes applicable when prescribing treatment for functional uterine bleeding. It should also be clear that administration of progesterone would be valueless in the presence of an atrophic uterine endometrium. If proliferative endometrium is present at the time of, or just before, the onset of bleeding, then progesterone should produce satisfactory physiological endocrinous alterations and thus control uterine bleeding problems not due to malignancy, benign tumors, or pregnancy. By simulating normal physiology and probably by its effects on the pituitary, exogenous progesterone therapy may initiate ovulation in women with previously anovular cycles. Progesterone maintains elevation of the basal body temperature and inhibits the luteinizing and luteotropic hormones of the anterior pituitary.

Progesterone also inhibits contraction of the myometrium, at least in animals and in vitro, though this effect of the hormone has not been proved to be of clinical value. For example, progesterone therapy has been of little or no value in the management of threatened abortion and probably is of no value in habitual abortion. Progesterone develops the alveoli of the breast but, as with other tissues, only after previous conditioning action by estrogen to bring about adequate proliferation and development of ducts. Progesterone in large amounts has an anesthetic action; this effect may contribute to the excessive sleepiness sometimes seen in women during pregnancy when large amounts of progesterone are being secreted. Recently Landau has shown that progesterone has certain metabolic effects. These effects are essentially catabolic, in contrast to the anabolic effects of estrogen. Progesterone causes increased urinary nitrogen, phosphorus, sodium, and chloride excretion (or decreased retention of these elements).

Estrogen and progesterone have practical applications in the treatment of certain gynecologic disorders. Figure 6A illustrates the situation in the normal ovulatory cycle. At the end of the cycle, the concentration of circulating estrogen is reduced approximately 50% and progesterone disappears, whereupon menstrual bleeding occurs after a few days. In amenorrhea due to failing ovarian function with insufficient estrogen secretion, treatment with an estrogen preparation for three or four weeks will cause proliferation of the endometrium and withdrawal of estrogen or reduction of dosage by at least 50% will usually result in withdrawal bleeding (fig. 6*B* and *C*). If endogenous estrogen secretion

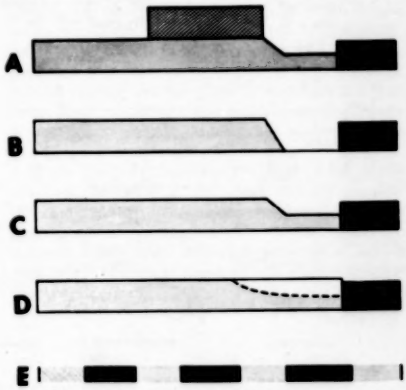


Fig. 6.—Patterns of ovarian steroid therapy: *A*, estrogen reduction and progesterone withdrawal (normal cycle); *B*, estrogen withdrawal; *C*, estrogen reduction; *D*, administered estrogen reduced in effectiveness after prolonged administration; *E*, estrogen dosage at threshold level, resulting in intermittent bleeding.

is adequate, as determined by endometrial biopsy or vaginal cytology, treatment with progesterone for 10 days, followed by withdrawal, usually results in bleeding in 3 to 4 days. Under these circumstances, bleeding occurs from a secretory endometrium and the attempt is made to duplicate the hormonal relationships of a normal ovulatory cycle (fig. 6*A*).

When estrogen is given continuously for an indefinite time (fig. 6*D*) or in constant, insufficient amounts (fig. 6*E*), a reduction in effectiveness occurs and the subsequent bleeding will be irregular in type, frequency, and amount. Bleeding under

these circumstances closely resembles that of "functional uterine bleeding." In these cases estrogen may be administered for a short time at a higher dosage to build up the endometrium and bring about hemostasis, followed by progesterone for 10 days to bring about secretory changes; at this time progesterone is withdrawn. Repetition of this program for several consecutive cycles frequently brings about reestablishment of the spontaneous normal cyclic menstrual pattern.

Synthetic Preparations

Synthetic preparations possessing estrogenic and progestational activity are now available for clinical use; the effects produced are similar to those of the naturally occurring steroids. These preparations have the advantage of being effective when administered orally and in low dosage. Figure 7 (*top*) illustrates some of the synthetic estrogens currently in use. Ethinyl estradiol differs from estradiol only in the addition of an ethinyl group at C-17. While estradiol is effective only by parenteral administration, ethinyl estradiol not only is effective when given orally but is equal in activity, milligram for milligram, to parenterally given estradiol. Other synthetic estrogens, such as diethylstilbesterol, chlorotrianisene (Tace), and methallenestril (Vallestril), differ markedly from the natural estrogens. These compounds are not steroids at all, since they do not have the cyclopentenophenanthrene configuration, yet they behave physiologically as estrogens and are active in relatively small oral dosage. Chlorotrianisene has the additional property of being stored in the body fat from which it is released slowly, thus probably permitting somewhat longer action in the body.

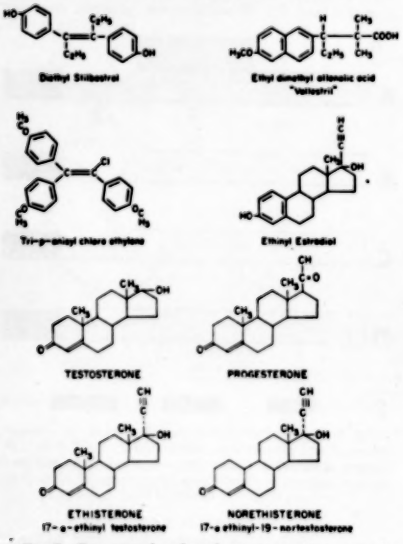


Fig. 7.—*Top*, examples of synthetic preparations possessing estrogen effect. *Bottom*, structural configuration of testosterone and progesterone. Note chemical similarity between ethisterone and testosterone and marked increase in effectiveness of norethindrone (norethisterone).

Two interesting synthetic progestogens are ethisterone (Pranone) and norethindrone (Norlutin), which bear the disturbing chemical names of 17-α-ethinyl testosterone and 17-α-ethinyl-19-nortestosterone. Although these compounds are so closely related chemically to testosterone that they carry the androgenic nomenclature (fig. 7, *bottom*), their physiological activity is not androgenic but progestational in a manner entirely similar to progesterone. The incorporation of an ethinyl grouping apparently changes the physiological action from androgenic to progestational and at the same time changes the route of metabolism so that the hormones are effective when administered orally rather than parenterally. Although the primary action of these synthetic progestins is progestational, the possibility exists, especially in certain women, that the compounds may have some androgenic activity. Wilkins and associates recently reported the occurrence of nonadrenal masculinization of the external genitalia in 21 female infants, 15 of whose mothers had been treated for habitual or threatened abortion with ethisterone in large dosage early in pregnancy. Removal of the C-19 methyl group markedly increases the potency, so that norethindrone is effective in producing progestational changes in very low dosage. Recently another orally effective preparation has been synthesized which possesses pregestational activity as its principal effect but also possesses and exhibits minor estrogenic activity, e. g., norethynodrel (Enovid). This compound, unique in its chemical configuration, differs from norethindrone only in the position of the double bond in ring A, which is shifted from C-3 and 4 to C-5 and 10.

Modifications also may be made in the original steroid to enhance parenteral activity. For example, reaction of estradiol with benzoic or propionic acids to form estradoil benzoate and estradiol dipropionate decreases the rate of absorption so that the duration of hormone action is greatly prolonged. Likewise, progesterone recently has been modified to form hydroxyprogesterone caproate. Although 17-hydroxyprogesterone is a relatively weak progestogen, formation of the caproic acid ester makes it a highly effective and long-acting progestational preparation.

Antisteroids

Recently attempts have been made to directly counteract the effects of various hormones; the preparations possessing these properties have been termed antisteroids. The approaches have been directed toward inhibiting or removing the effect of estrogens or of aldosterone. It has been shown, at least in the experimental animal, that the effectiveness of these two hormones may be blocked, but the mechanism of action does not seem to demonstrate any direct effect on these specific ovarian or adrenal steroids themselves. The term "antialdosterone" has, in essence, been applied to the reversal of the electrolyte effects produced by the adrenal cortical hormones. Just as the 19-noranalogs of some of the newer progesterone preparations exhibit markedly increased activity, so too has it been shown that the 19-noranalog of antialdosterone seems to produce a more powerful blockade of the electrolyte effects than if the 19-R group were retained. The application of these hormones to clinical gynecologic practice, with a special reference to the pregnant patient and more particularly the patient with preeclampsia associated with increased sodium restriction, has been most discouraging. The same discouraging results have been also noted when attempts have been made to block estrogen effects in the gynecologic patient under estrogen therapy. Not only have the antiestrogens shown no reversal of electrolyte excretion, but no significant catabolic process occurs as measured by complete metabolic balance.

It is interesting to note that the structural formula for one of the so called antiestrogens is somewhat similar to the formula for chlorotrianisene. The basic carbon chain of the antiestrogen preparation is saturated when compared to the formula for diethylstilbestrol. Based on the similarity of the formula of chlorotrianisene and the antiestrogen preparation which inhibits estrogen activity, in the experimental animal, it would be interesting to speculate whether some of the so-called antiestrogen effects may be specific for a given type of estrogen preparation.

Conclusions

The approach to sensible hormone therapy in obstetric and gynecologic practice is to adhere to the physiological concepts currently acceptable. Since hormone therapy usually represents substitution for the gland producing that hormone, the indication for a given hormone should be a reduction in secretion brought about by anatomic or functional alteration of the gland. When a hormone preparation is administered, the target organ should be known. If the target organ is an endocrine gland, another hormone will be elaborated. It is generally accepted that, in human beings, a hormone does not act directly on the gland from which the hormone itself originated. In general, hormone therapy is valueless if the the target gland is absent, functionally or anatomically.

If the normal physiological effects of hormones are kept in mind, all hormonal therapy may be directed toward replacement of a specific hormone that is either missing entirely or inadequate in amount, and cosmos will replace the chaos which presently attends the problem of hormone therapy in gynecology.

URINARY CALCULI COMPOSED OF CYSTINE.—Cystinuria is an hereditary anomaly of renal function, with defective tubular reabsorption of cystine, lysine, arginine and ornithine. These amino acids, two of them essential to the body, are excreted in the urine in abnormal amounts throughout life. Only the excretion of the least soluble one, cystine, was recognized until recent times, and both the name and the clinical importance of the condition is entirely referable to this one amino acid. The only clinical consequence appears to be the frequent formation of urinary calculi composed of almost pure cystine. Most individuals homozygous for the cystinuria gene sooner or later form such stones, and the stones tend to recur. The sequelae may well lead to eventual renal insufficiency and death. Some of the individuals heterozygous for the cystinuria gene also excrete more than the normal amount of cystine, which can be detected by chemical tests such as the cyanide-nitroprusside reaction, but the amount here is not great and these individuals only very rarely form cystine stones. The incidence of chemical cystinuria is nevertheless much greater than the incidence of stone-forming cystinuria, since heterozygotes are vastly more common than homozygotes, and not all homozygotes have stones at a given time.—W. E. Knox, Sir Archibald Garrod's "Inborn Errors of Metabolism," *The American Journal of Human Genetics*, March, 1958.

PALPABLE CERVICAL LYMPH NODES

Harold H. Sage, M.D., New York

Of the 40 to 100 lymph nodes demonstrable in the dissection of the normal human neck, a few are always palpable through the skin in normal living adults. Important decisions in medicine often depend on the results of such palpation. Careful techniques of examination here suggested increase the likelihood of detection and correct interpretation of cervical lymphadenopathy, but in many cases the diagnosis cannot be settled without aspiration biopsy or surgical exposure. When palpable nodes are found in the lymph drainage pathways from a known primary cancer site, thorough investigation may help in deciding between palliative and curative treatment.

One of the most accessible and informative areas for physical diagnosis is the lymph drainage system of the neck. Palpable nodes in this system are significant in varying degrees, from almost normal innocuous hyperplasia through chronic and acute inflammation to cancer. Physical examination is most rewarding when a careful technique of palpation is adapted to the anatomy and combined with a knowledge of clinical characteristics of lymph nodes and the pathways of lymph drainage. Arbitrary anatomic subdivisions of the neck (see figure) are here utilized for discussion of methods of examination, significance of palpable nodes, and physiological areas of lymph drainage.

Important decisions are made on the basis of data collected through physical examination of neck nodes, including the management of head and neck, thoracic, and abdominal cancers. Neck dissection may be based solely on the discovery of palpable nodes. Some reports [1] estimate that 20 to 50% of normal persons have palpable nodes in the neck. The present study indicates that all normal persons of college age or beyond have palpable nodes. A cleared specimen from a complete neck dissection will contain 40 to 100 lymph nodes. Although only a small number of these are palpable, proper examination will help to disclose them and define their nature.

Diagnosis

In many instances the pathological process producing palpable neck nodes is obvious from clinical characteristics alone. Acutely inflamed and suppurating nodes are red, painful, tender, and fluctuating. At the other end of the spectrum, neck nodes containing metastatic cancer are frequently nontender, stony hard, and fixed. In others, however, the cause of palpable lymph nodes may not be clear-cut. This is true in small obscure cancer-bearing lymph nodes and in obviously enlarged nodes. Chronic inflammation may result in hard, nonpainful, nontender nodes, and, conversely, cancer metastases may be at times soft, tender, and fluctuating because of superimposed infection. Operation for abscess should be avoided, since a later proper curative excision may be jeopardized.

Knowledge of the anatomic, physiological, and pathological pathways of lymph drainage is important. In cancers arising in the head and neck area, the lymphatic spread is generally from superficial to deep nodes and from above downward, with involvement of proximal nodes first. Certain conditions, however, may alter the pathways of drainage. If the usual anatomic channels are blocked, bilateral and retrograde channels may be invaded. The causes of node blockage include cancer invasion, inflammation, and surgical and radiation scars.[2] Under such conditions, distant, irregular, bizarre, and bilateral spread may occur. Because exceptions are notable, they must be considered in investigation and management of the individual cancer case. All palpable nodes in the path of drainage from a known primary cancer site must be investigated thoroughly. Aspiration biopsy, or frozen section microscopy at operation, may be necessary to reach the proper final decision of management.

Anatomy

Submaxillary Triangle.—In this study, lymph nodes are palpable in both submaxillary triangles in almost all normal individuals. They vary from 0.5 to 2 cm. in diameter and are usually flat, elliptical, or almond-shaped and firm but not stony hard. There may be several in front of, behind, or within the submaxillary gland. Different manipulations are used for their demonstration. When the neck muscles are relaxed and the mandible maneuvered downward, one or more nodes can be pulled up over the mandibular edge and held in position for further delineation. When released, the sensation of slipping down over the bony rim is felt. The most superficial nodes in the region of the facial vessels are best suited for this maneuver. Bimanual palpation is used for nodes within the submaxillary

Assistant Professor of Surgery, Cancer Coordinator, New York University College of Medicine, Director, N. Y. U. Tumor Clinic, Bellevue Hospital, and Associate Professor, Oral Diagnosis, New York University College of Dentistry.

gland. One finger is placed in the floor of the mouth while the other hand palpates the submaxillary region from the exterior.

Submaxillary nodes are part of a superficial chain draining the lips and anterior part of the oral cavity. Cancers arising in this region, and from the tongue, may metastasize to these nodes early. Large, stony-hard nodes fixed to the mandible are a late manifestation of such spread. In early involvement, however, cancerous nodes may be indistinguishable from normal nodes; that is, such malignant nodes can be moved freely and elevated over the mandibular edge. Under these circumstances, decisions regarding neck dissection cannot be based on clinical examination alone unless the findings are obvious. Aspiration biopsy of palpable nodes and operation with frozen section microscopy are helpful in arriving at the correct decision in difficult cases.

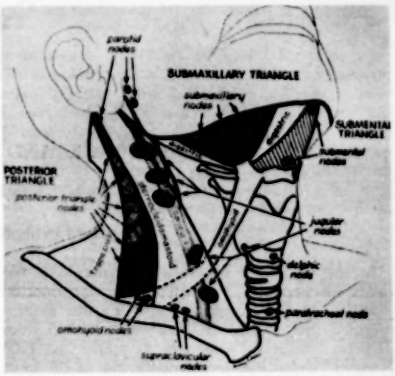
Submental Triangle.—Small, firm, submental nodes, usually less than 1 cm. in diameter, are palpable in about 25% of normal individuals. These may be due to previous or concomitant trauma or infection of the lips, gingiva, and oral cavity. As a rule, they remain palpable permanently. Submental nodes are palpated immediately adjacent to the mandible in the midline and in the interval between the heads of the digastric muscle just above the hyoid bone. They can be made to stand out if the digastric, mylohyoid, and geniohyoid muscles are tensed while the chin is held elevated. These nodes drain the anterior part of the oral cavity. As with submaxillary nodes, investigation and microscopic examination in cancer of this region is a requisite, even when the nodes are only a few millimeters in size.

Jugular Nodes.—Relatively soft, upper jugular nodes, as large as 2 cm. in diameter, have been found in over 50% of young normal individuals during seasons of upper respiratory infections. These frequently disappear after a few months. Jugular nodes are best palpated by grasping the sternomastoid muscle between the thumb medially and the fingers laterally. The muscle is relaxed by turning the chin to the side examined. This motion is repeated along the entire length of the muscle. Jugular nodes as high as the base of the skull may be palpated by rolling the thumb over the pulsating carotid area. They may also be defined from a standing position behind the patient.

The deep jugular nodes may be involved directly and initially from oral cancer or secondary to the more superficial submental and submaxillary nodes. Also, cancer of the larynx, pharynx, paranasal sinuses, salivary glands, and thyroid can spread directly to the jugular chain. Aspiration biopsy may be of aid in differential diagnosis, or exposure of the jugular chain may be included in a dissection for the primary cancer, particularly if in thyroid, larynx, or pharynx.

Posterior Triangle.—Posterior triangle nodes may be palpated in about 25% of normal persons. This examination is performed with flattened finger tips and often can be done best while standing behind the patient. Nodes immediately in front of the trapezius muscle are usually flat and small and result from previous infections of the skin, scalp, and retropharyngeal tissues. Occipital nodes may also drain these same areas. Posterior triangle node involvement occurs frequently and early in cancer of the nasopharynx. It is the first sign of such disease in 40% of cases. Cancer of the thyroid, extrinsic larynx, tonsil, and pharynx may also spread to this chain early. Oral cancer may spread to this chain after involvement of the jugular nodes.

Supraclavicular Region.—Palpable nodes around and below the omohyoid muscle, which are found in 25% of normal individuals, may be due to previous tuberculosis or other infection of the lungs.



Anatomic subdivisions of the neck.

Palpation with flattened thumb or fingers is best. These nodes generally are not actively inflamed. Drainage from the upper lobe of the lung is to the homolateral side of the neck. In certain instances of left lower lobe disease, drainage is to the contralateral supraclavicular region. Supraclavicular nodes are frequently deep and medial to the sternomastoid muscle head as well as superficial and lateral.

Cancer of the lung and esophagus may spread upward to the paratracheal and supraclavicular nodes in the scalene muscle region. Cancer of the breast may spread to supraclavicular nodes after involvement of the axilla, or initially from a lesion in the upper quadrants. Hodgkin's disease and lymphosarcoma are often discernible in supraclavicular nodes as the earliest manifestation of the disease. Cancers arising in the abdomen, particularly stomach, pancreas, ovary, and testis, may spread

through the thoracic duct to the lower cervical nodes, generally, but not always, on the left side. Supraclavicular node involvement is a late manifestation of spread from cancers arising in the head and neck area with the exception of thyroid and esophagus, which may spread to this area first. Because of the frequency of supraclavicular node metastasis from cancers of chest and abdomen, biopsy of any palpable nodes and removal of the scalene fat pad and paratracheal tissues containing nodes may help in diagnosis and decisions as to palliative versus curative treatment.

Summary

Cervical nodes are palpable in both submaxillary triangles, and frequently in other triangles of the neck, in all normal individuals. Detection of palpable cervical nodes in both normal and abnormal categories can be increased by careful techniques of examination. While in many instances the significance of palpable neck nodes is obvious from clinical examination, aspiration biopsy and/or exposure at operation may be necessary to make the diagnosis in certain cases. Palpable nodes in the lymph drainage pathways from a known primary cancer site should be investigated thoroughly.

25 Central Park West.

References

1. Ward, G. E., and Hendrick, J. W.: Tumors of the Head and Neck, Baltimore, Williams & Wilkins Company, 1950, p. 716.

2. Sage, H. H., and Gozun, B. V.: Lymphatic Scintigrams: Method for Studying Functional Pattern of Lymphatics and Lymph Nodes, Cancer 11:200-203 (Jan.-Feb.) 1958. Methods for Studying Lymphatic Function in Intact Man Utilizing Au^{198}, Proc. Soc. Exper. Biol. & Med. 97:895-896 (April) 1958.

IMPOTENCE AND DIABETES MELLITUS

Alan Rubin, M.D.
and
David Babbott, M.D., Philadelphia

The frequency of difficulty in obtaining and maintaining satisfactory erections was studied in 198 diabetic men. The complaint of impotence was much more frequent in older patients; but by matching data on the various age-groups of diabetics against the data on the male population reported by Kinsey and his associates, the statistical significance of the twofold to fivefold increase in impotence in the diabetics was established. In the 30-34-year group, 25% of the diabetic men suffered from impotence. The incidence gradually increased with age to 53.6% for men 50 to 54 years of age. In some cases impotence was the symptom that led to discovery of an existing diabetes. The possibility of diabetes mellitus should be considered whenever a man complains of premature impotence.

In the course of interviewing gynecologic patients, we encountered a small number who reported that their husbands were impotent. Further inquiry revealed that several of these men suffered from diabetes mellitus. Although as early as 1906 Naunyn [1] wrote that impotence is one of the most common symptoms of diabetes, we were unable to find in the literature data bearing on this question. Hence, an investigation of the potency and fertility of diabetic men was undertaken.[2] This study revealed a surprisingly high incidence of impotence associated with diabetes. The data dealing with impotence in these diabetic men are presented here.

One hundred ninety-eight unselected men attending the outpatient diabetes clinics of the Hospital of the University of Pennsylvania and of the Philadelphia General Hospital served as subjects. They ranged in age from 16 to 92 years (average 56.9 years). Their ages at the onset of their diabetes ranged from 2.5 to 78 years (average 48.4 years).

The subjects' medical records were abstracted. Each man was questioned regarding his general health, diabetic status, and sex habits. Data were obtained concerning frequency of coitus, erectile and ejaculatory impotence, premature ejaculation, libido, morning erections, contraception, and venereal disease.

From the Department of Obstetrics and Gynecology, School of Medicine, and Hospital of the University of Pennsylvania.

For the purpose of this study, erectile impotence is defined either as constant difficulty in obtaining or maintaining an erection or as frequent difficulty in both obtaining and maintaining an erection.

Results

Incidence of Impotence.—Impotence occurred at an earlier age and more frequently among the 198 diabetic men than it did among the 4,108 men studied by Kinsey and associates.[3] As shown in table 1, from the age group 30-34 on, the cumulative incidence of impotence in the diabetic men is two to five times higher than in the population studied by Kinsey and associates.[3] This difference is statistically significant (by chi square analysis, $P=<.01$) from the 35-39 age group through the 65 to 69-year age group. The incidence of impotence by five-year age groups (table 2) gradually increased from 25% in the 30-to-34-year age group to almost 75% in patients 60 to 64.

Duration of Diabetes and Incidence of Impotence.—Seventy per cent of men with diabetes of less than one year's duration suffered from impotence. Among those who had had diabetes for one to five years, the incidence dropped to forty-three per cent. It was forty-five per cent among those who had had diabetes for more than five years. Thus, the incidence of impotence did not increase with a greater duration of the disease. The fact that seventy per cent of the men with a recent onset of diabetes (less than one year prior to the investigation) were impotent may have been due to the fact that many of them had just been found to be diabetic, and hence their disease often had not yet been well controlled. It was not uncommon for patients to report that until their diabetes had been stabilized they had been impotent and that their potency returned when their diabetic state was controlled. However, in those cases in which impotence developed while the diabetes was well controlled, it usually was more or less permanent. The generally high incidence of impotence is probably related to the fact that most of the men were in the older age groups. The average age at the onset of impotence for those with diabetes for less than one year was 50.7 years, for those with diabetes one to five years, 57.8, and for those with diabetes longer than five years, 52.1. Furthermore, in each group about half of the individuals were 60 years of age or older when they became impotent.

TABLE 1.—*Cumulative Incidence of Impotence in 198 Diabetic Men Compared with Its Frequency as Reported by Kinsey and Others* [3]

Age, Yr.	Population Studied		Impotent			
			No.		%	
	Diabetic	Kinsey	Diabetic	Kinsey	Diabetic	Kinsey
10-14	198	4,108	0	0	0.00	0.00
15-19	198	3,948	0	2	0.00	0.05
20-24	196	3,017	1	3	0.51	0.10
25-29	190	1,627	0	6	0.00	0.37
30-34	186	1,025	5	8	2.68	0.80
35-39	182	741	9	10	4.91*	1.30
40-44	174	513	13	10	7.46*	1.90
45-49	158	347	21	9	13.30*	2.60
50-54	145	226	34	16	23.30*	6.70
55-59	117	134	31	9	26.40*	6.70
60-64	87	87	35	16	40.20*	18.40
65-69	63	44	36	11	57.10*	25.00
70-74	36	26	21	7	58.40	27.00
75-79	15	11	11	5	73.40	45.00
80-84	5	4	4	3	80.00	75.00
85-89	1	...	0	...	0.00	...
90-94	1	...	0	...	0.00	...

* Statistically significantly higher than Kinsey's population (chi square analysis, $P=<.01$).

TABLE 2.—*Incidence of Impotence by Age Among 198 Diabetic Men*

Age, Yr.	Subjects, No.	Impotent, %
15-19	2	0.0
20-24	6	16.7
25-29	4	0.0
30-34	4	25.0
35-39	8	25.0
40-44	16	37.5
45-49	13	38.5
50-54	28	53.6
55-59	30	66.7
60-64	23	73.9
65-69	28	67.9
70-74	21	57.1
75-79	10	70.0
80-84	4	100.0
85-90	1	0.0

Thirty per cent of all those who became impotent did so within one year of the clinical recognition of their diabetes. Sixty per cent of the men who subsequently developed impotence did so within five years of the onset of their diabetes.

Severity and Complications of Diabetes and Impotence.—There was no apparent relationship between the severity of the diabetes and the incidence of impotence when severity of the disease was graded according to carbohydrate tolerance and insulin requirement as outlined by Wilder.[4] However, poor control of diabetes, with episodes of acidosis or hypoglycemia, often was associated with transient periods of impotence. Complications of diabetes, such as peripheral vascular disease, neuropathies, retinopathies, or renal or cardiovascular disease, were no more frequent among the impotent diabetics than among those who were potent.

Impotence and "Preclinical" Diabetes.—There was no higher incidence of impotence among the diabetic men prior to the clinical onset of their diabetes than was reported by Kinsey and associates [3] for their population.

Libido; Morning Erections.—Almost all subjects stated that libido persisted for some time after they had lost their coital abilities. Many of the younger men reported no decrease in libido, or only a slight decrease, in spite of inability to perform coitus. Despite the presence of libido, such individuals usually were unable to obtain or to maintain erections adequate even for masturbation. Among the older diabetic men (usually over 55 years of age)

suffering from impotence, there was often a decrease in, or complete loss of, libido. According to Kinsey,[3] morning erections usually persist for several years after a man has become impotent. However, 53% of the diabetic men experienced no morning erections after they became impotent.

Comment

A strikingly high incidence of impotence was observed among the diabetic men in the present study. Furthermore, if impotence developed, it frequently did so early in the history of the diabetes. Indeed, in some instances, impotence was the symptom that first sent the patient to a physician and thus ultimately led to discovery of the diabetes.

The mechanism responsible for the impotence is not clear. Testicular atrophy[4] and calcification of the vas deferens[6] have been noted in diabetic men. However, their relationship to impotence is questionable. Furthermore, such findings are uncommon and hence cannot be associated with the high incidence of impotence found in the present study. Although a diminished 17-ketosteroid excretion has been reported as occurring frequently in diabetic males, it seems to have no correlation with impotence.[7] The impotence does not appear to be psychic in origin. Psychic impotence usually does not prevent morning erections or erections for masturbation, whereas many of the diabetic men were unable to experience erections under either of these two circumstances. Furthermore, in some instances the men became impotent before they knew that they had diabetes. Neurogenic changes in the erection mechanism may be responsible.

Summary

One hundred ninety-eight men attending outpatient clinics for the treatment of diabetes mellitus were studied in relation to frequency of coitus, erectile and ejaculatory impotence, premature ejaculation, libido, morning erections, contraception, and venereal disease. The incidence of erectile impotence at all ages was found to be two to five times higher than that reported by Kinsey and associates.[3] Twenty-five per cent of men between 30 and 34 years of age who had diabetes suffered from impotence. The incidence gradually increased with age to 53.6% for men 50 to 54 years of age. Thirty per cent of those who became impotent did so within one year after the clinical recognition of their diabetes. Sixty per cent became impotent within five years of the onset of their disease.

There was no apparent relationship between the age at onset of the diabetes, its duration or severity, or the presence of vascular, neurological, or other complications and the incidence of impotence. Libido usually persisted for some time after the appearance of impotence, even though all erections, including morning erections, often were absent. Prior to the clinical onset of the diabetes there was no unusual incident of impotence. It is suggested that men complaining of premature impotence be investigated for diabetes mellitus.

255 S. 17th St. (3) (Dr. Rubin).

References

1. Naunyn, B.: Der Diabetes mellitus, ed. 2, Vienna, Alfred Holder, 1906.

2. Rubin, A.: Studies in Human Reproduction: II. Influence of Diabetes Mellitus in Men upon Reproduction, Am. J. Obst. & Gynec. **76**:25-29 (July) 1958. Babbott, D.; Rubin, A.; and Ginsburg, S.: Reproductive Characteristics of Diabetic Men, Diabetes **7**:33-35 (Jan.-Feb.) 1958.

3. Kinsey, A. C.; Pomeroy, W. B.; and Martin, C. E.: Sexual Behavior in Human Male, Philadelphia, W. B. Saunders Company, 1948.

4. Wilder, R. M.: Clinical Diabetes Mellitus and Hyperinsulinism, Philadelphia, W. B. Saunders Company, 1940.

5. Warren, S., and LeCompte, P. M.: Pathology of Diabetes Mellitus, ed. 2, Philadelphia, Lea & Febiger, 1952.

6. Wilson, J. L., and Marks, J. H.: Calcification of Vas Deferens: Its Relation to Diabetes Mellitus and Arteriosclerosis, New England J. Med. **245**:321-325 (Aug. 30) 1951.

7. Miller, S., and Mason, H. L.: Excretion of 17-Ketosteroids by Diabetics, J. Clin. Endocrinol. **5**:220-225 (May-June) 1945.

CLINICAL RESEARCH.—In the past thirty years clinical research has become an important feature of the medical schools of this country and has been actively supported by the universities. However, there is danger that the universities may let this field slip from their hands now that clinical research is conducted on such an elaborate scale in institutes. With an eye on budgets, administrators of medical schools and hospitals connected with medical schools may be willing to let this essential function of the medical schools and these hospitals be done elsewhere. The clinical investigator may be regarded as an amphibian who is not well adapted to the environment of pure research or that of clinical medicine. It may be decided that the sole function of the hospital is the care of the patient and the sole function of the medical school is teaching the best of current medical practice. The lack of adaptation of the clinical investigator is only apparent for there is a large region that involves both the clinic and the laboratory where a rich life can be lived in a truly amphibian environment. Exploration of this area is essential to the development of real university clinical departments.—D. C. Darrow, M.D., The Role of the Patient in Clinical Research of a Physiological Problem, *The Yale Journal of Biology and Medicine*, September, 1957.

ACTIVATION OF THE PATIENT WITH SKELETAL METASTATIC NEOPLASIA

Victor Cummings, M.D.
and
Julian Rosenthal, M.D., New York

In the aging population the incidence of degenerative and neoplastic disease must continue to rise. Due to continued progress in the techniques of surgery, radiology, and chemotherapy, the duration of life has also been extended in patients with neoplastic disease. This increased span of life is ineffectual if it is without function. It is therefore the duty of physicians to attempt to make these persons functional members of society, or continued progress in longevity is useless.

The major problems in dealing with patients with skeletal metastatic disease are pain, fracture, neurological disability, and general inactivity. In this latter category it is important to differentiate those patients who have truly terminal disease, and who should not be disturbed, and those patients who may improve with therapy.

The major problems in dealing with patients with skeletal metastatic disease are pain, fracture, neurological disability, and general inactivity. The broad aim in the management of the patient with bony metastatic carcinoma is the preservation of function, even in the face of imminent fracture. There must be a positive approach to the hopeless situation of widespread bony metastasis. Not only is the morale of the patient who is being treated raised but fellow patients with the same dread diagnosis of "cancer" see patients who get about and go home. It is the sole responsibility of the physician, once the decision is made to activate the patient, to follow this patient through the training program and not to relegate the supervision to a nurse or physical therapist.

Problems in Activation

Pain is the first and most important problem to be dealt with. It is the most common symptom of skeletal metastasis, often being the presenting complaint. Not uncommonly pain precedes any radiologic evidence of bone metastasis. Pain may be the controlling factor in the patient's ability to remain active. The production of this pain is usually due to periosteal stretching or invasion. Regardless of its cause, pain may start the familiar cycle of inactivity, debility, intercurrent infection, and premature death.

Fracture is the next problem, and it is a most dreaded complication of skeletal metastasis. It usually occurs in the weight-bearing bones, such as the vertebrae, pelvis, and femora. Other bones may be fractured, but they are less important as to function except in their production of pain. Fractures may be due to the normal weight-bearing stress or to minor trauma. Turning in bed can produce a fracture. The fear of fracture by the physician may well be the start of the inactivity cycle with its known consequences.

Fractures may occur in the course of activating the patient. We try to avoid this by supportive devices. It is necessary to weigh the many benefits obtained by mobilization against the calculated risk of the pain and greater immobility which a fracture may precipitate. In our experience, the patient gains more by remaining active with supporting devices, even in the face of imminent fracture, than by remaining immobile, which is rarely preventive in any case. We have actually seen, in some instances, that pain is decreased after activation. If a fracture occurs, the resulting additional disability is, as a rule, less destructive to the patient than prophylactic inactivation.

Neurological disability usually occurs as a result of vertebral fracture. The spinal cord can be compressed by vertebral collapse or damaged by interference with its vascular supply. The result is paraplegia or quadriplegia. Nerve roots may be similarly damaged. Peripheral nerves are occasionally injured by long-bone fractures.

Inactivity presents similar results whether it is due to a terminal state, pain, fracture, neurological disability, or iatrogenic factors, i. e., a physician's apprehension. Each of these causes can be dealt with properly, but a word is in order about the so-called terminal state. It is important to recognize the fact that certain of the neoplastic diseases respond temporarily to chemotherapeutic and radiotherapeutic techniques. Examples of such tumors are carcinoma of the prostate and breast, Hodgkin's disease, lymphoma, and multiple myeloma. In these instances the range of motion of joints must be maintained and muscle strength preserved. These simple measures are of obvious value should the disease process be temporarily suppressed. The avoidance of decubitus ulcers, urinary infection, and hopeless malnutrition are equally important at this time.

From the Department of Physical Medicine and Rehabilitation, Montefiore Hospital.

Therapy for Activation

The broad aim in the management of the patient with bony metastatic carcinoma is the preservation of function. This can be accomplished by maintaining ambulation and independence in self-care activities. Mobilization, then, is the primary aim.

Fig. 1 (case 1).—Widespread bony metastases in patient with carcinoma of breast.

Every procedure and every prescription must be a means toward that end. Even though pain is present, many patients, either in a hospital or at home, would prefer to endure pain and be able to maintain the dignity of self-care. They object to invalidism and being dependent on others. Physicians must recognize and encourage this attitude, while taking into consideration the general condition of the patient and the natural history of the disease. The physician must guard against the overprotection of a well-meaning family.

Complete bed rest is to be avoided. It is accompanied by negative nitrogen and calcium balance, muscle wasting, phlebothrombosis, and anemia. We assume that these do much to hasten death. Patients who are so severely ill that function and self-care are not feasible can still be gotten out of bed for standing with support. The use of a tilt table may be helpful in obtaining weight-bearing for short periods of time.

Specific measures must be individualized. To prevent pain and to minimize further damage where possible, every orthopedic device that would be indicated if neoplasm were not the cause of the disability must be used. Braces, molded jackets, plaster casts, and splints are supportive and may be needed. Surgery, even in hopeless cases, may be indicated to relieve pain or to increase function. Laminectomy after vertebral collapse associated with spinal block and the internal fixation of long bones and hip fractures are examples. Medication for analgesia should be kept to the minimum effective dosage to keep the patient's sensorium relatively clear and his food and fluid intake adequate. Following are summary reports of illustrative cases.

Report of Cases

Case 1.—A 42-year-old woman with carcinoma of the breast had a presenting sign of a fracture of the right humerus in December, 1956, at which time the breast lesion was noted. She had other bone pain at that time. After oophorectomy the bone pain cleared. Androgen therapy was started in October, 1957, because of the recurrence of bone pain. X-rays taken in February, 1958, revealed widespread bony metastases (fig. 1). She is now fully ambulatory, without support, with minimal pain.

Case 2.—In a 72-year-old woman the first manifestation of plasma cell (multiple) myeloma was a spontaneous fracture through the left acetabulum in 1953 (fig. 2). She became bedridden in November, 1956, because of pain at multiple bony sites. Treatment with urethan and radiation was started in October, 1957, concomitant with reactivation. From being bed-bound, she mastered sitting, transfer to a chair, and sufficient walking with crutches to get around her home to a limited degree. This was with the aid of a Taylor-Knight brace.

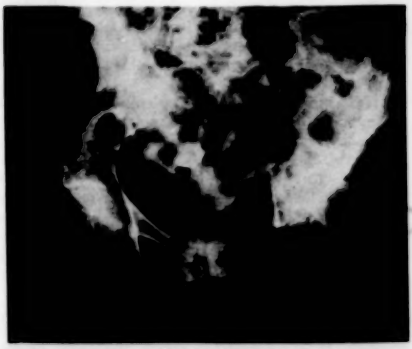


Fig. 2 (case 2).—Spontaneous fracture through left acetabulum in patient with plasma cell myeloma.

Case 3.—A 51-year-old woman with plasma cell myeloma had the onset of her disease in 1955. Six months prior to admission she noted slowly progressive hemiparesis of the right side. X-rays revealed cervical spine metastases with complete destruction of the second cervical vertebra (fig. 3A). There was also metastatic involvement of the left femur (fig. 3B). At the present time she is ambulating well

but has a residual hemiparesis of the right side; she is independent in self-care activities, with the protection of a Thomas collar and a Taylor-Knight brace.

CASE 4.—A 60-year-old woman with carcinoma of the rectum had surgery in March, 1956. In April, 1957, she had severe bilateral thigh pain that responded to radiotherapy with marked relief of pain. On admission in August, 1957, she ambulated with the use of a cane for support. X-rays revealed metastatic disease involving the right femur. While walking in the hospital, she experienced sudden pain and a feeling of "cracking" in the right thigh. X-ray revealed a pathological fracture (fig. 4*A*). Intramedullary nailing was performed on the right side (fig. 4*B*). A similar procedure was carried out on the left side because of metastases to the left femur, without fracture (fig. 4*C* and *D*). She became ambulatory for a very short time thereafter but soon died from widespread brain metastases.

Comment

Case 4 illustrates the problem, the decisions reached in attempting to solve the problem, and the result that, unfortunately, all too frequently occurs. Since we cannot predict when the inexorable result will occur, we continue to conform to our present approach.

This positive approach to the hopeless situation of widespread bony metastasis has one other very important effect. This is especially true in a hospital setting where patients with neoplastic disease may be housed together on one ward or one floor.

Fig. 3 (case 3).—Metastatic involvement of, *A*, cervical spine and, *B*, left femur in patient with plasma cell myeloma.

Not only is the morale of the patient who is being treated raised, but fellow patients with the same dread diagnosis of "cancer" see patients who get about and go home. An entire service can be transposed from the "waiting to die" attitude to a cooperative "perhaps something can be done" attitude. This attitude pervades not only the patients but the nursing and medical staffs as well.

Since paramedical personnel must be involved with the patient to be activated, it is of prime importance that those who work with these patients understand exactly what the basic problem is. It is

Fig. 4 (case 4).—Pathological fracture and treatment in patient with carcinoma of rectum: *A*, fracture of right femur; *B*, intramedullary nailing of right femur; *C*, metastasis to left femur (without fracture); *D*, intramedullary nailing of left femur.

the sole responsibility of the physician, once the decision is made to activate the patient, to follow this patient through the training program and not to relegate the supervision to a nurse or physical therapist.

Since certain legal aspects of activating a patient with bony metastasis and imminent fracture are apparent, it is necessary to keep well-documented, written records as to the physical and x-ray findings and to state the rationale of the decisions reached. It is also necessary to discuss these reasons with the family so that no misunderstandings can arise.

Conclusions

The pivot of this discussion is medical policy toward hopeless disease. This is rehabilitation, even if economic usefulness is excluded and the results are limited in duration. Each patient must be assessed with the very limited potential in mind and with a positive viewpoint toward the utilization of that potential within the natural history of the disease.

Montefiore Hospital, 210th Street and Bainbridge Avenue (67) (Dr. Cummings).

USE OF SYMPATHETIC BLOCKS IN ORTHOPEDIC SURGERY

Lieut. Col. John J. Brennan (MC), U. S. Army

During the past six years I have used sympathetic nerve blocks with increasing frequency on the orthopedic services of Army hospitals. This has resulted from a more liberal interpretation of the indications for their use in traumatized and surgical patients. As experience increased with the use of sympathetic blocks, I have used them earlier and more often in these cases. Also, the need for sympathetic blocks is recognized more often in patients with vague chronic disabilities, many of whom in reality suffer from reflex sympathetic dystrophy.

Sympathetic blocks have been applied for disabilities of the shoulder, for edema or its residuals, for symptoms of reflex sympathetic dystrophy, and as an aid to physiotherapy or rehabilitation of joint motion. Most patients with reflex sympathetic dystrophy do not begin their illnesses as portrayed by typical textbook pictures. Many manifest no symptoms but pain. Others manifest only edema or pseudomotor or vasomotor disturbances. An additional observation is that these patients are slow to rehabilitate to normal joint function and/or to normal muscle strength. Of 100 patients analyzed as to the beneficial effects of sympathetic blocks, 45 showed marked and rapid improvement in progress in physiotherapy. It is a mistake to expect too much from a sympathetic nerve block.

Review of Literature

Reflex sympathetic dystrophy is a disturbance of the sympathetic nervous system, characterized by pain and sympathetic phenomena which may follow major or minor trauma or surgical procedures. Causalgia was the term used by Mitchell, Morehouse, and Keen [1] at the time of the Civil War, when it was described so well by them. Reflex dystrophy was the term used by De Takats [2] to describe a wide range of related conditions from the relatively mild post-traumatic dystrophies, characterized by moderate pain, with sweating and changes in the color of the skin, to the agonizing torments of major causalgia. Other terms besides reflex sympathetic dystrophy used for these conditions have been minor causalgia,[3] post-traumatic painful osteoporosis, traumatic arthritis, post-traumatic spreading neuralgia, osteoporosis due to trauma (Sudeck's atrophy), post-traumatic vasomotor disorders, shoulder-hand syndrome, post-traumatic edema, traumatic angiospasm, or chronic traumatic edema. These variations are applied to the same basic disorders of neurophysiology but describe different manifestations or symptoms or combination of symptoms of reflex sympathetic dystrophy.[4]

Leriche [5] advocated infiltration of local anesthetic agents into the site of injury to produce analgesic block in minor sprains, strains, and fractures to prevent reflex dystrophy. He likewise suggested sympathetic block for this purpose. Faust [6] and Tyson and Gaynor [7] reported independently that they found the use of sympathetic blocks for this purpose of significant value. Bonica [8] reported the use of sympathetic blocks as a prophylactic measure in over 250 orthopedic patients. A significant decrease in postoperative pain, much earlier functional rehabilitation, and significant decrease in the incidence of reflex dystrophy were observed when results in these patients were compared to those in a like number of patients not receiving blocks. Betcher, Bean, and Casten [9] reported similar observations in 49 patients in whom continuous paravertebral blocks were used. However, no correlation has been established between the type and severity of injury and the incidence or cause of reflex sympathetic dystrophy.[4] This does not help in the selection of patients who are to receive prophylactic sympathetic block.

The symptoms of reflex sympathetic dystrophy in order of their frequency are (1) pain, burning or aching in type, and relieved by sympathetic block; (2) hyperesthesia, which is common and of constant annoyance and discomfort to the patient; (3) vasomotor dysfunction, a common manifestation of the various types of the disease, such as cyanosis and coldness or redness and increased heat (signs of both vasoconstriction and vasodilatation have been reported as predominant manifestation in different series); (4) edema in most cases; (5) pseudomotor disturbances, not constant in incidence in individual cases or in case reviews; and (6) trophic changes, considered to be a late stage of reflex sympathetic dystrophy or one that has progressed quite rapidly, including thin glossy skin, atrophy of muscles, decalcification of bone, and changes in the ap-

Chief, Orthopedic Service, William Beaumont Army Hospital, El Paso, Texas.

Read before the Section on Orthopedic Surgery at the 107th Annual Meeting of the American Medical Association, San Francisco, June 24, 1958.

pearance of the nails and hair. (Trophic changes develop insidiously, and marked weakness has been recorded as occurring in almost all cases.)

Selection of Patients for Sympathetic Blocks

In my experience most patients with reflex sympathetic dystrophy do not begin their illnesses as portrayed by typical textbook pictures. Many manifest no symptoms but pain. Others manifest only edema or pseudomotor or vasomotor disturbances. Such patients with early reflex sympathetic dystrophy with single symptoms or no objective signs are difficult to recognize. If prophylactic sympathetic blocks are to be used early to successfully prevent or treat reflex sympathetic dystrophy and to thus shorten the rehabilitation of such patients, much time is lost awaiting combination of symptoms or severity of a symptom to warrant the diagnosis of reflex sympathetic dystrophy. For this reason, the blocks have been used prophylactically to treat the patients with any of the symptoms described as manifestations of reflex sympathetic dystrophy—namely, pain, swelling, cyanosis, coldness, or redness and increased heat of extremities or increased sweating of the injured part.

An additional observation in my experience is that, though the incidence of symptoms does vary, one factor is common to all patients. These patients are slow to rehabilitate to normal joint function and/or to normal muscle strength. A failure to progress at a normal rate in rehabilitation of joint [10] and limb function seems to be quite characteristic of the orthopedic patients treated for this condition in Army hospitals.

Since this observation has been made, all patients showing poor or slow progress in physiotherapy are reevaluated. If any single symptom is discovered that would warrant suspicion of reflex sympathetic dystrophy, sympathetic blocks are used. In most cases the blocks are timed to allow the physiotherapist to work with the patient while the objective effects of the block are still present. This seems to give more rapid response to the use of sympathetic blocks as an aid to physiotherapy. The results have been gratifying and in some cases startling. In some cases the blocks have been used empirically as an aid to physiotherapy. Though the results are not uniformly successful, the orthopedist and physiotherapist have been surprised at times with the sudden onset of rapid improvement in these patients.

The enthusiasm for the method of selection of cases and prophylactic early use of sympathetic blocks seem justified from the results seen clinically. This prompted an analysis of 101 consecutive patients treated over a two-year period. This study was further felt to justify our enthusiasm and to clarify the indications used in selecting patients for the use of sympathetic blocks.

Review of One Hundred Cases

Of the cases reviewed, no case was dropped for incompleteness of record. One case was considered unsuitable for study in that the patient was treated unsuccessfully with continuous epidural anesthesia, rather than intermittent blocks, for post-traumatic vascular insufficiency and gangrene of the lower extremity. This left 100 cases available for study. A rough division of the 100 patients as to primary diagnosis were those with bursitis, acute or chronic, or the residuals thereof, 10 cases; reflex aching of the extremity, 6 cases; trauma of the joint with limitation of motion, 9 cases; postfracture limitation of joint motion, 20 cases; postsurgical limitation of joint motion, 13 cases; reflex sympathetic dystrophy, 29 cases; swelling, post-traumatic and surgical, 11 cases; and swelling as a residual of vascular complications, 2 cases.

Stellate blocks were used 158 times in 77 patients. Of the patients receiving multiple stellate blocks, 16 received 2; 12 received 3; 8 received 4; 1 received 5; and 1 received 20 blocks. Twenty epidural blocks were used in 12 patients. Two patients received both epidural and lumbar sympathetic blocks. The immediate success and the effect of the blocks were observed and recorded in almost all cases in this study.

The sex of the patients treated was predominantly male (90 males and 11 females). There were 85 patients treated as inpatients and 16 as outpatients. Age of the patients studied varied, as might be expected. The youngest patient receiving sympathetic blocks was 14 years of age, and the oldest was 60 years of age. The average age of the patients treated was 30.3 years.

The analysis of etiology by exact diagnosis was very complicated due to the multiplicity of diagnosis in the many traumatic cases as well as a great variation in the parts of the body involved. It added nothing to the analysis other than to confirm the works of previous investigators which showed no correlation between the type and severity of injury and the cause of reflex dystrophy. The shoulder, forearm, wrist, and hand predominated in location of inflammation of soft tissue, fracture, and dislocations that required sympathetic blocks for their residuals.

An analysis of time of application of the blocks was not revealing. In most traumatic cases, they were used very early, especially to relieve swelling. In some cases, they were used for long-standing complaints or residuals of months or years duration. In this series the patient with the longest duration of residuals successfully treated with sympathetic blocks had been symptomatic 10 years.

There were 16 patients with recent inflammatory lesions and 19 with lesions that had occurred at a more remote time, 40 with recent fractures and

dislocations and 20 remote, and 4 with recent tendon injuries and 1 remote. A further analysis showed 31 patients with residuals or complications of operation. In 21 of these patients the operation had been recently done; in 10 the time of operation was remote. There were 15 patients with fractures and dislocations recently treated surgically and 8 in whom the time of operation was remote.

The 100 patients were analyzed as to the beneficial effects observed and recorded. Seventeen patients showed benefit in progress in physiotherapy. These patients manifested no symptom or combination of symptoms to warrant the diagnosis of reflex dystrophy. Ten patients with swelling as the only manifestation were aided greatly in physiotherapy Seven patients who had a diagnosis of reflex sympa thetic dystrophy with swelling were aided in physiotherapy. Eleven patients with reflex dystrophy without swelling made much more rapid progress in physiotherapy when blocks were used. Six patients with reflex dystrophy and swelling were cured, and all swelling rapidly disappeared, though improvement of joint motion and muscle strength could not be credited to the treatment in that joint limitation and lack of muscle strength were not present. Sixteen patients were successfully treated for swelling only. Seventeen patients with the primary diagnosis of reflex dystrophy without swelling were treated successfully with blocks. These patients manifested vasomotor changes without edema and were not actively treated in physiotherapy because of plaster of paris immobilization in use, or they were patients not actively treated in physiotherapy at the time sympathetic blocks were used. Some of these patients subsequently received physiotherapy, but valid conclusions could not be obtained. The exclusion of 10 patients with bursitis of the shoulder and 6 treated only for reflex aching pain without joint limitation left 84 patients. Our review showed that 45, or 53%, of the patients in this series had proved marked and rapid improvement in progress in physiotherapy with the use of the sympathetic blocks. It was felt that this percentage would be higher if the blocks had been timed properly in all cases.

The difficulty in selection of patients in early stages of illness to receive sympathetic blocks by other means was shown statistically. Of the 100 patients only 29 showed symptoms or combination of symptoms to warrant the diagnosis of reflex sympathetic dystrophy prior to treatment. After treatment, the detailed analysis of cases showed 41 to be unquestionably of the type to justify the diagnosis of reflex sympathetic dystrophy.

The analysis of results showed that 100 patients received sympathetic nerve blocks. Of these, no patient failed to receive effective blocking of the sympathetic nerve. Some blocks were ineffective or the effect was not maximal, and these were repeated with good results. Some patients, for full results, required repeated blocks when original results were found to be temporary. In some patients lumbar sympathetic blocks produced temporary improvement, but epidural blocks produced the cure.

Ten patients failed to receive significant benefit from the sympathetic blocks as expected. An analysis of these failures showed that five received single blocks. Two of the 10 received epidural, 5 lumbar sympathetic, and 3 stellate blocks. In some of these patients blocks were used empirically, as mentioned previously. One patient with septic arthritis of the ankle developed typical signs of reflex sympathetic dystrophy. Lumbar sympathetic blocks failed to result in improvement. Improvement resulted only after arthrodesis of the ankle. The sympathetic blocks were not successful because the cause of the reflex sympathetic dystrophy was still active. Only by relief of the original active cause was the sympathetic dystrophy cured and the patient rehabilitated. It is a mistake to expect too much from a sympathetic nerve block.

Report of Cases

A few brief case reports are presented to show the difficulty in diagnosis and the need for early prophylactic sympathetic blocks. Eight patients showed no manifestation of reflex sympathetic dystrophy but aching pain.

Case 1.—This 24-year-old man had osteotomy of the right femur performed for shortening with intramedullary nail fixation in January, 1954. This healed well. When the patient was seen by me one and one-half years later he showed marked disuse atrophy of the right lower extremity. He could complete a full range of motion with the right knee, but the strength was very poor. He complained of aching pain in the right lower extremity. Intensive physiotherapy was utilized in an effort to build up the musculature of this lower extremity, but the patient failed to improve.

On reevaluation, it was noted that some of the aching that the patient complained of even included aching in the foot. There were no other signs of reflex sympathetic dystrophy. An epidural anesthetic was given on March 22, 1955, and repeated two days later. The patient obtained complete relief of the subjective signs of aching and pain in the lower extremity. Physiotherapy then progressed rapidly, and the musculature of the hip, thigh, and leg built up as ordinarily expected, without the presence of reflex sympathetic dystrophy. He returned to duty in three and one-half weeks. If blocks had been used earlier in his rehabilitation, he would have been saved one and one-half years' disability.

The series reviewed showed that many patients, with histories much like that of this patient, would have been benefited had they been treated earlier with sympathetic blocks. In 16 patients there was control of edema. Some of these had edema only.

Case 2.—This 22-year-old man was admitted on May 3, 1953, with a fracture of the tibia. This was treated by open reduction on May 7, 1953, with screw fixation. The patient was immobilized in a long leg cast. Upon removal

of the cast to start physiotherapy, edema developed. His convalescence and progress were blocked by this continued edema. Pain and other signs of reflex dystrophy were not apparent. The patient was given an epidural block on Aug. 18, 1953, with immediate dramatic improvement in the swelling. With further use of this extremity, the edema disappeared completely, and no further blocks were necessary. The patient returned to duty on Sept. 3, 1953, 15 days after receiving the block.

CASE 3.—This 22-year-old man was seen on April 21, 1954. He manifested severe pain and marked swelling of the right forearm. X-rays of the right forearm and arm were negative for fracture but showed extreme swelling. An airplane door had been closed forcibly, crushing the patient's forearm in the doorway. A diagnosis of traumatic myositis and possible early contracture due to ischemia (Volkmann's contracture) was made. The patient was scheduled for surgical incision to relieve the tension in the forearm fascial compartments. A stellate ganglion block was given shortly after his admission. He had dramatic relief of the pain, formerly not relieved by opiates. Pain decreased with each subsequent block, the swelling decreased, and excessive tension was no longer palpable. The sympathetic blocks were then repeated, and an operation was not done. The patient received 2 to 4 blocks daily; a total of 20 blocks were used. This controlled the pain and swelling. The patient eventually recovered full function of hand, wrist, and forearm. It was felt that this represented a case where stellate ganglion blocks in controlling the pain and swelling had prevented a possible contracture due to ischemia.

The patient in case 4 developed typical early findings of reflex sympathetic dystrophy.

CASE 4.—This 33-year-old man suffered an original acute dislocation of the right shoulder which was reduced on April 23, 1954. On removal of his immobilization he developed severe pain and limitation of motion with signs of reflex sympathetic dystrophy of the hand. Swelling, redness, and increased sweating with stiffness on motion of the hand and wrist were marked. X-rays were negative for fracture. On June 5, 1954, a stellate ganglion block was given. This was repeated daily until four blocks had been utilized. The swelling, sweating, and redness disappeared rapidly. Physiotherapy was able to progress normally after use of the first stellate ganglion block, as though the patient did not have reflex sympathetic dystrophy. The patient was discharged in three weeks. Follow-up has never shown any recurrence of the symptoms or reflex dystrophy. This represents a successful case of early treatment of the reflex sympathetic dystrophy.

CASE 5.—This 34-year-old woman was treated Jan. 12, 1954, for a dislocation of the hip and an undisplaced fracture of the second and third metatarsal bone of the left foot. Her convalescence was completely uneventful with the exception of some complaints of aching pain in the left foot. This was mild in intensity and was thought to be a normal residual of the postimmobilization period.

Fourteen months after the injury the patient returned. At that time she complained of pain in the foot which had become much worse. She had increasing pain without having suffered any additional injury. At that time pseudomotor signs of vasodilatation were present in the foot that had not been present before. A diagnosis of reflex sympathetic dystrophy was made, and the patient received an epidural anesthetic. The reflex dystrophy improved dramatically with marked relief to the patient. The epidural block was repeated when slight aching recurred. She has been without pain to date. If her original mild aching pain had been treated with sympathetic blocks the later admission for reflex sympathetic dystrophy could have been avoided.

CASE 6.—This 39-year-old man was seen on Oct. 14, 1954. The ulnar side of his right hand manifested aching pain, color changes, and increase in sweating. There was some stiffness in the finger joints, and the patient was unable to form a full fist. He had suffered a small stab wound of the right hand two months previously and had injured an old fracture site of the fifth metacarpal a month previously. He received one stellate ganglion block shortly after admission. This produced excellent results. All signs of reflex dystrophy disappeared. He was placed in physiotherapy and returned to duty in 11 days with a normal functioning hand.

The following case is an example of pseudomotor manifestations only.

CASE 7.—This 25-year-old male had been wounded in action in Korea and suffered a compound fracture of the femur, tibia, and patella of the right lower extremity. He also had osteomyelitis requiring prolonged immobilization. He developed a spontaneous fusion of the knee with 10-degree flexion and healing of the bone infection. When physiotherapy was started in an effort to ambulate the patient, sweating was first noted in the lower extremity. The patient did not complain of pain but made no progress in physiotherapy. He was given a lumbar sympathetic block. Immediately his progress improved. The sweating of the whole left lower extremity decreased. The patient's musculature improved with further physiotherapy, and he was discharged as asymptomatic one month after the block.

CASE 8.—This 25-year-old male was admitted Sept. 15, 1954. He had suffered a fracture of the third metacarpal bone one year previously, which had healed with malunion with prominence of the metacarpal head into the palm of the hand. It was felt that an operation would be required to correct the malalignment. Further close examination showed that the patient had some increased sweating of the hand. There was no swelling, color change, or other sign of reflex dystrophy. However, the pain that the patient complained of was out of proportion to the physical findings, and he failed to show either cooperation or progress in physiotherapy. For this reason stellate blocks were used. This resulted in cooperation of the patient with physiotherapy, and pain did not recur in the patient's hand. The patient's hand became asymptomatic in spite of the mechanical difficulties from the malunion, operation was not necessary, and the patient was discharged to duty.

The following few cases show dramatic aid to physiotherapy by sympathetic blocks.

CASE 9.—This 28-year-old male was treated for a dislocation to the right patella on May 7, 1954, by a walking cylinder cast and crutches. His course had been uneventful until his cast was removed and physiotherapy started. Muscle strength and motion were not regained, and the patient seemed to be losing strength of the quadriceps musculature. Pain on use of the knee was mild, and swelling was not present. No other signs of reflex sympathetic dystrophy were noted. An epidural block was used July 13, 1954. Immediately thereafter the pain diminished and disappeared, motion was regained, and the strength of the musculature immediately improved. It improved sufficiently for the patient to return to full duty, with no recurrence of symptoms of reflex sympathetic dystrophy, in three weeks.

CASE 10.—This 33-year-old man suffered a fracture of the inferior pole of the right patella. On Sept. 14, 1954, an arthrotomy was performed with excision of the inferior pole of the patella. The patient was immobilized in a long leg cylinder cast for six weeks. When the cast was removed very

slow progress was made in physiotherapy. Signs of reflex sympathetic dystrophy and swelling and induration were not present. Because of lack of progress in physiotherapy an epidural block was performed. The patient immediately began to obtain increased range of motion in the knee and increased strength of the musculature of the lower extremity. He obtained a full range of extension, and flexion progressed to 90 degrees in one week. The patient was discharged from the hospital seven days after the block and progressed quite satisfactorily in physiotherapy.

CASE 11.—This 14-year-old boy was treated on Dec. 4, 1954, for a slipped femoral epiphysis of the distal end of the femur. A closed reduction and immobilization in a hip spica was used. When the cast was removed the patient had aching pain in the knee, but this information was elicited only on questioning. Physiotherapy did not progress satisfactorily. The patient had limitation of motion from full extension to 15 degrees of flexion. It did not improve. Because of lack of progress in increasing range of motion an epidural anesthetic was given on March 13, 1955. Progress in physiotherapy with improvement of motion of the knee started immediately after use of the first epidural block. The patient progressed to 90 degrees of pain-free motion of the knee and was discharged to outpatient status. Subsequently he regained further motion of the knee and remains free of pain.

CASE 12.—This 21-year-old man suffered a traumatic dislocation of the second metacarpophalangeal joint and a chip fracture of the head of the third metacarpal bone of the left hand. Open reduction was required to reduce the dislocated second metacarpophalangeal joint. The involved joints healed well, and physiotherapy was started early. Progress in physiotherapy for the first few days was slow. Examination of the patient's hand showed very slight residual edema of the involved fingers and the dorsum of the hand. The joints were not unusually painful, and the patient did not complain of other symptoms of reflex dystrophy. He was given three stellate sympathetic blocks followed by physiotherapy at three-day intervals. Immediately after the first stellate block had been given, there was rapid progress in physiotherapy. The patient was discharged from the hospital 10 days after the first block had been given, at which time he lacked only 5 degrees of extension and had normal flexion of the involved joints.

Comment

Analysis of these 100 cases showed that sympathetic blocks had been applied for disabilities of the shoulder, for edema or its residuals, for symptoms of reflex sympathetic dystrophy, and as an aid to physiotherapy or rehabilitation of joint motion. An analysis of case results was attempted. Some patients manifested only one of the symptoms of reflex sympathetic dystrophy, while all possible combinations of symptoms were present in other cases.

Motion of joints was increased noticeably by the use of sympathetic blocks in 46 patients, swelling subsided or decreased markedly in 39, and reflex sympathetic dystrophy responded satisfactorily in 41. Sympathetic block, like any other surgical procedure, is capable of producing complications. Two cases in this series were complicated by transient aseptic meningitis. One patient receiving a lumbar sympathetic block also developed a pneumothorax. Sympathetic blocks should be performed by personnel trained in their use and under hospital conditions.

Summary and Conclusions

A review of 100 orthopedic cases has been made, in which sympathetic blocks were used prophylactically. Patients who showed any single symptom that could be a part of the symptom complex of reflex sympathetic dystrophy were selected for the early use of sympathetic blocks. This method has proved practical in my experience over a four-year period. Valuable time in patient rehabilitation has been saved by its use.

Sympathetic blocks are a definite aid to physiotherapy. All traumatized patients should be watched closely in physiotherapy during the recovery period. Any patient who fails to progress satisfactorily should be reevaluated early. Any manifestation such as aching pain, swelling, cyanosis, redness, or increased sweating of the part may indicate the need for sympathetic blocks. This simplified method of selection of patients for early prophylactic sympathetic nerve blocks makes the benefits available to many more patients. If the diagnosis of reflex sympathetic dystrophy is made before sympathetic nerve blocks are used, fewer patients will be treated early and prophylactically. The use of sympathetic blocks for these effects of pain should not delay the surgeon in the use of the proper surgical procedures to eliminate the source of pain.

References

1. Mitchell, S. W.; Morehouse, G. R.; and Keen, W. W.: Gunshot Wounds and Other Injuries of Nerves, Philadelphia, J. B. Lippincott Company, 1878.

2. De Takats, G.: Nature of Painful Vasodilatation in Causalgic States, Arch. Neurol. & Psychiat. **50**:318-326 (Sept.) 1943.

3. Homans, J.: Minor Causalgia Following Injuries and Wounds, Ann. Surg. **113**:932-941 (June) 1941.

4. Fenton, R. L.; Wetchler, B. V.; and Weygandt, G. R.: Observations on Use of Sympathetic Nerve Blocks in Orthopedic and Traumatic Surgery, Surgery **41**:478-487 (March) 1957.

5. Leriche, R.: La chirurgie de la douleur, ed. 3, Paris, Masson & Cie, 1949.

6. Faust, F. L.: Repeated Sympathetic Blocks: Their Limitation and Value, Anesthesiology **7**:161-175 (March) 1946.

7. Tyson, M. D., and Gaynor, J. S.: Interruption of Sympathetic Nervous System in Relation to Trauma, Surgery **19**:167-176 (Feb.) 1946.

8. Bonica, J. J.: Management of Pain, Philadelphia, Lea & Febiger, 1953.

9. Betcher, A. M.; Bean, G.; and Casten, D. F.: Continuous Procaine Block of Paravertebral Sympathetic Ganglions: Observations on 100 Patients, J. A. M. A. **151**:288-292 (Jan. 24) 1953.

10. Moore, D. C.: Regional Block: Handbook for Use in Clinical Practice of Medicine and Surgery, Springfield, Ill., Charles C Thomas, Publisher, 1953, p. 93.

ROENTGENOGRAPHIC DIAGNOSIS AND SURGICAL TREATMENT OF BASILAR ARTERY INSUFFICIENCY

E. Stanley Crawford, M.D., Michael E. De Bakey, M.D.
and
William S. Fields, M.D., Houston, Texas

Atheromatous obstructions impairing the cerebral circulation may involve the vertebral as well as the carotid arteries. Vertebral artery blood flow has been restored in a series of eight patients who had occlusive lesions in the subclavian artery proximal to the origin of the vertebral artery. In these patients the vertebral arteries themselves were not involved in the occlusive process, and it was found possible to restore normal flow through them by using bypass grafts. Localized vertebral artery obstruction may also occur in patients with basilar artery insufficiency, and this article is concerned with the technique and results of operation in a 55-year-old man whose illness began with a sudden attack of extensive paralysis and total blindness. The occlusion was complete on the right and incomplete on the left, being localized to a discrete atheroma near the origin of the vertebral artery. The partially occluding lesion was removed, and normal blood flow was restored through the vertebral artery and hence through the basilar artery. Cerebral arterial insufficiency is due to discrete extracranial occlusion in many instances, and the significance of this case lies in the fact that basilar artery circulation may be restored by surgical means as has been previously demonstrated in the treatment of occlusions of the cartoid arteries.

Atheromatous occlusions of the internal carotid artery in the neck and great vessels at their origin from the aortic arch have emerged as clinical entities.[1] These lesions are manifested clinically by symptoms of cerebral arterial insufficiency in the distribution of the anterior and middle cerebral arteries. Precise diagnosis and localization of the lesion is obtained by carotid arteriography, as introduced by Egas Moniz,[2] and by angioaortography, as described by Robb and Steinberg.[3] The frequent discrete nature of the occlusive process in the neck or thorax with the artery being relatively normal both proximal and distal to the lesion, particularly during the early phases of the disease, has led to the application of certain operative procedures designed to restore normal circulation.[1] The well-localized lesion may be removed by endarterectomy. In other instances, particularly in the great vessels in which the lesion is more extensive, the occlusion may be bypassed by use of a graft, one end of which is sutured to the artery proximal to the lesion and the other to the patent segment of artery distal to the obstruction.[1a]

After the successful application of this approach in a patient with occlusion of the left carotid artery on Aug. 7, 1953, we have applied these techniques in the treatment of 43 lesions occurring in the internal carotid, innominate, subclavian, and left common carotid arteries. Circulation has been restored in all patients with the more proximal lesions occurring near the aortic arch and in all but one in whom the lesion obstructed the origin of the internal carotid artery. Persistent neurological deficits, including weakness, aphasia, visual disturbances, and mental obtundity, which occurred before operation have been relieved, and episodic recurrent strokes which occurred repeatedly in 14 patients before operation have not recurred in any patient after operation.

Atherosclerotic lesions may also occur in the basilar arterial system which supplies blood to such vital centers as the brain stem, cerebellum, and posterior part of the cerebral hemispheres and may produce manifestations of cerebral arterial insufficiency, recognized clinically as "basilar artery thrombosis." Recent anatomic studies by Hutchinson and Yates [4] in patients dying of cerebrovascular accidents indicate that 39% of these patients have basilar artery insufficiency resulting from obstructive lesions frequently located in the cervical segments of the vertebral arteries. Simultaneous occlusions of the internal carotid and vertebral arteries were found in 30% of the cases. This finding assumes great significance in light of the fact that the basilar artery through the circle of Willis constitutes an important source of collateral blood flow in patients with carotid occlusion (fig. 1). The frequency with which the two main routes of cerebral circulation are simultaneously involved indicates the potential limits of natural collateral blood flow after cerebral arterial occlusion and emphasizes the desirability of a therapeutic attack designed to restore blood flow in the posterior cerebral circulation.

From the Cora and Webb Mading Department of Surgery and the Department of Neurology, Baylor University College of Medicine, and the Methodist Hospital.

Vertebral artery blood flow has been restored in eight patients in our series with occlusive lesions occurring in the subclavian artery proximal to the origin of the vertebral artery by the use of bypass grafts extending from the aorta to the subclavian artery distal to the occlusion, as previously described.[1a] The vertebral arteries in these cases were uninvolved by the occlusive process, and normal

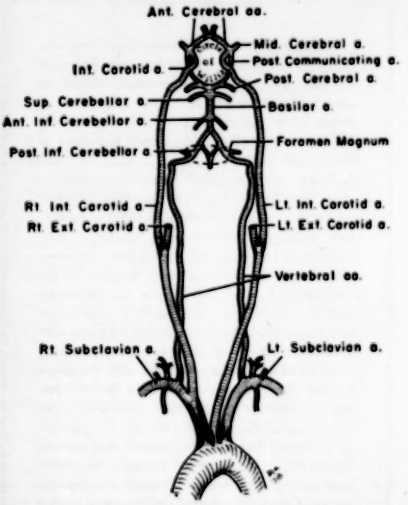


Fig. 1.—Diagram of cerebral circulation with characteristic locations of extracranial atherosclerotic occlusions, demonstrating limits of collateral circulation in presence of multiple lesions.

circulation was restored in these vessels by the establishment of normal blood flow in the distal patent subclavian segment from which the vertebral arteries originated. The importance of normal circulation in the vertebral arteries of these patients was evidenced by simultaneous carotid artery obstruction in six patients, three of whom had bilateral carotid artery occlusions. The purpose of this report is to indicate the feasibility of accurate diagnosis and successful surgical treatment of lesions located primarily in the vertebral artery which produced basilar artery insufficiency, as demonstrated in the following case report.

Report of a Case

A 53-year-old man had been entirely well until June 12, 1958. At this time, while fishing, he suddenly developed total blindness, paralysis of the right side, and partial paralysis of the left side of his body. He was unable to speak and had the feeling of numbness over his entire body. These symptoms quickly became less severe, and within a matter of minutes the patient was able to start the outboard motor and maneuver his boat back to camp.

Upon arriving at the dock some 15 to 20 minutes later, he required assistance in going ashore, and, although his vision had improved, he could not see to the right. He had considerable difficulty expressing himself verbally, felt dizzy, and could not walk straight. After a brief rest in the fishing camp, he was admitted to the local hospital, where he soon became asymptomatic except for headache and difficulty in seeing toward the right.

On physical examination his physician noted an incomplete homonymous hemianopsia of the right side and diminished carotid pulsations in the left side of the neck. Owing to the persistence of these findings, the patient was transferred to the Methodist Hospital, Houston, on June 17, 1958, for consideration of arterial reconstructive surgery. His symptoms of headache and partial blindness were unchanged, and the presence of a fairly complete right-sided homonymous hemianopsia was confirmed at this time. Percutaneous bilateral carotid arteriograms were taken June 18, 1958, with the patient under local anesthesia, with use of 8 cc. of a 50% solution of diatrizoate (Hypaque) sodium in each artery. Results of these studies were entirely normal (fig. 2).

The bilateral nature of the patient's symptoms, which began with total blindness, suggested basilar artery insufficiency and, in view of the studies of Hutchinson and Yates,[4] indicated the necessity of visualizing the entire cervical segment of the vertebral arteries for accurate diagnosis. The method of vertebral arteriography usually used for this purpose was considered inadequate, because in this procedure the vessel is entered in the midcervical region and after the injection of contrast mediums the proximal

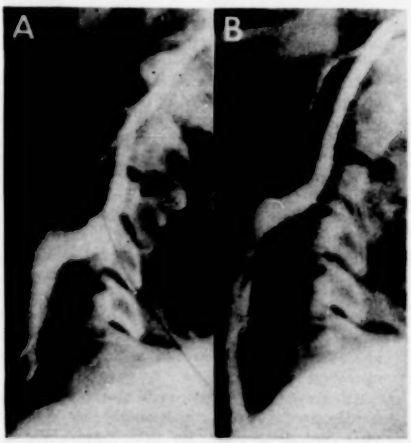


Fig. 2.—Bilateral carotid arteriograms showing, *A*, normal vessels on right side and, *B*, normal vessels on left side.

segment of the vertebral artery is frequently not visualized. For this reason, the following technique for visualizing the entire vertebral artery was developed:

The patient is placed in the supine position and the neck hyperextended by placing a padded sand bag under the shoulders. The subclavian pulse is palpated in the supraclavicular fossa in the angle made medially by the lateral

border of the sternocleidomastoideus muscle and inferiorly by the clavicle. The skin and subcutaneous tissues are infiltrated with procaine (Novocain) hydrochloride solution, and, with a no. 18 Cournand needle, the skin is pierced approximately 2 cm. above the clavicle and 2 cm. lateral to the sternocleidomastoideus muscle. The needle is directed downward and medially in the direction of the subclavian pulsation until the artery is entered (fig. 3). The needle stylet is removed, and a flexible tube is attached to the Cournand needle. With a 30-cc. syringe, 20 cc. of a 50% solution of diatrizoate sodium is injected under vigorous pressure, and toward the end of the injection an anteroposterior roentgenographic exposure is made of the head, neck, and shoulders.

Bilateral subclavian vertebral arteriograms performed in this patient, with the technique described here, revealed complete occlusion of the vertebral artery on the right and partial occlusion on the left limited to a small discrete segment of the vertebral artery at its origin from the subclavian artery (fig. 4). These findings suggested that the occlusive process in the right vertebral artery was probably inoperable owing to organization of the superimposed thrombus and absence of an accessible patent distal segment. There was reason, however, to believe that a more normal basilar artery blood flow could be restored by removing the segmental occlusive process limited to the origin of the left vertebral artery. Accordingly, the following operative procedure was performed on June 19, 1958:

With the patient under local anesthesia an incision was made on the left 3 cm. above and parallel to the clavicle. The clavicular head of the sternocleidomastoideus muscle and the anterior scalenus were severed, exposing the subclavian artery and its branches. Due to the deep mediastinal origin of the vertebral artery in this case, additional exposure was obtained with the patient under general anesthesia when the mediastinum was opened through a combined cervical thoracic incision, splitting the sternum in the midline (fig. 5A). The great vessels originating from the aortic arch were palpated and found to be free of atheromatous lesions. The left subclavian artery and its branches were exposed for several centimeters both proximal and distal to the origin of the vertebral artery (fig. 5B). The vertebral artery was carefully dissected free from surrounding tissues over a distance of 3 cm. A discrete hard mass localized to the first 5 mm. of the vertebral artery could be palpated, and the surrounding tissues were adherent to this area. Although the characteristic signs of an atheromatous lesion were found at the origin of the vertebral artery, the remaining extra spinal segment of this artery was entirely normal. Because of the localized nature of the lesion to such a small segment of artery, the technique of endarterectomy was employed. Temporary occlusion clamps were placed on the subclavian artery both proximal and distal to the origin of the vertebral artery, and temporary ligatures were placed around the thyrocervical and internal mammary arteries. With the vertebral artery temporarily occluded with a soft bulldog clamp to prevent back-bleeding, a longitudinal incision was made in the subclavian artery opposite the origin of the vertebral artery (fig. 5C). The edges of the arterial incision were everted with temporary retraction sutures of fine silk (fig. 5D). From the intraluminal side of the subclavian artery, the origin of the vertebral artery appeared as a dimple with an opening in the center approximately 1 mm. in diameter. A circular incision was made through the intima of the subclavian artery around the edge of the dimple, and through this circular incision a cleavage plane was developed between the involved intima and uninvolved medial layers of the vertebral artery (fig. 5E and F). The occluding hypertrophied intima containing the atheromatous material was removed by retraction of the normal arterial wall back over the specimen (fig. 5F). The restored vertebral artery opening was approximately 8 mm. in diameter, and temporary release of the vertebral artery clamp was associated with a vigorous back flow of blood (fig. 5G). The remaining clamps were temporarily released to permit flushing of debris, following which the subclavian artery incision was repaired with a simple, continuous, through-and-through suture (fig. 5H). Circulation was restored by removal of all clamps and ligatures. A vigorous pulsation was palpated in the vertebral artery, and a subclavian vertebral arteriogram performed after the operation revealed a normal lumen in this artery (fig. 6).

The patient became fully conscious about 30 minutes after completion of the operation and 48 hours later was able to read a newspaper better than at the time of admission to the hospital. Examination by gross confrontation tests at this time showed considerable improvement in the lower quadrant of the visual defect. This improvement was continuous, and, at the time of discharge from the hospital 10 days after operation, the lower quadrant defect had cleared completely and partial clearing was now present in the upper quadrant of the visual fields. Headache did not recur after operation.

Fig. 3.—Diagram showing anatomic landmarks considered in performance of subclavian vertebral arteriography.

Comment

Although the entire pathological process was not documented in this case, with use of the available evidence and certain assumptions based on the known pattern of atherosclerotic occlusive disease a reasonable explanation is apparent for the clinical picture presented in this case. In view of the frequent bilateral nature of the disease, it is suspected that the patient had had for some time partial occlusion of both vertebral arteries at their origin. With progressive diminution of blood flow to a critical level in the right vertebral artery resulting from gradual severe reduction in luminal size by the atheromatous lesion, thrombosis occurred beyond the occlusion and extended up to the basilar

artery at the junction of the two vertebral arteries (fig. 4). Although basilar artery blood flow may have been reasonably normal beforehand, some reduction occurred at the time of thrombosis, because the left vertebral artery was also almost completely obstructed. This sudden reduction in blood flow produced arterial insufficiency of the entire basilar system, resulting in ischemia of the occipital visual cortex. Partial recovery was possible through collateral blood flow and certain cerebral adjustments. Despite this temporary natural recovery, eventually thrombosis of the remaining functioning vertebral artery could be expected in view of the progressive nature of this disease. The resulting total basilar artery insufficiency would probably be inconsistent with survival. The objectives of operation in this case were twofold: first, to remove the obstruction in one vertebral artery and, thus, to restore from this source normal circulation in the basilar arterial system; second, to prevent progression of the disease to complete occlusion by superimposed thrombosis. It was also hoped that by increasing basilar artery circulation more rapid improvement of the residual brain damage would occur. Although the period of follow-up has been short, the gratifying results obtained in this patient appear to justify the treatment employed.

The clinical significance of this case lies in the demonstration of a localized lesion in the vertebral artery causing severe basilar artery insufficiency which was susceptible to both practical roentgenographic diagnosis and direct surgical attack. The excellent results that may be obtained by this therapeutic approach and the high incidence of vertebral artery obstruction in patients with cerebral arterial insufficiency emphasize the need for a more aggressive attack on the entire problem of cerebral arterial insufficiency. To achieve this objective, however, several factors deserve wider appreciation. For one thing, it must be recognized that the obstructive lesion causing strokes is located extracranially in a large percentage of cases. For another, the diagnosis and localization of the occlusive lesion can be made accurately only by arteriography. Finally, the segmental nature of the occlusive lesions in these cases, regardless of location, permits restoration of normal circulation by surgical methods of therapy.

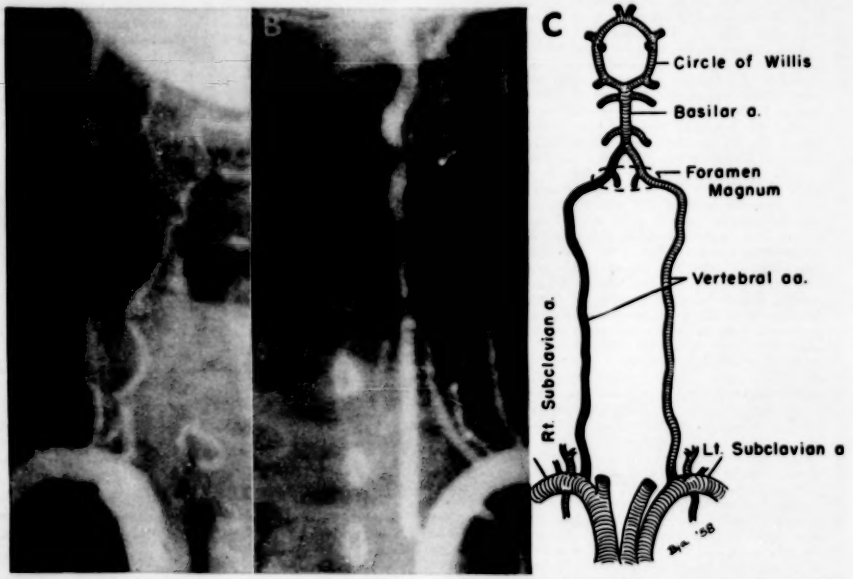


Fig. 4.—A, complete occlusion of right vertebral artery; B, partial occlusion of left vertebral artery near its origin from subclavian artery; C, relationships of occlusions with basilar artery and its branches.

Summary

Atheromatous occlusions of the internal carotid artery in the neck and the great vessels at their origin from the aortic arch have emerged as clinical entities characterized by manifestations of arterial

insufficiency in the distribution of the anterior and middle cerebral arteries. The frequent discrete and localized nature of the occlusive process in such patients has led to the application of reconstructive arterial techniques designed to restore normal cerebral circulation. A large number of these patients have now been successfully treated with these

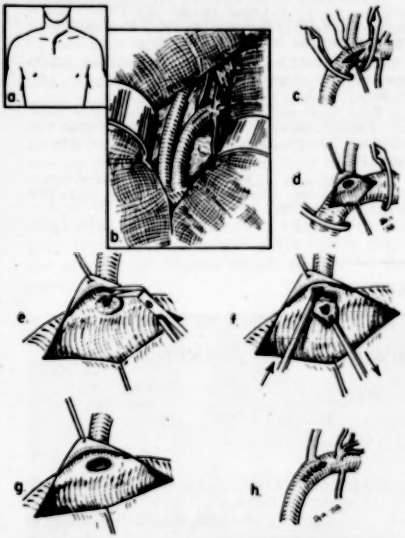


Fig. 5.—Diagrams showing technique of operation: *A*, cervicothoracic incision, splitting sternum, was made, exposing, *B*, great vessels originating on aortic arch, including subclavian artery in region of vertebral artery; *C*, longitudinal incision was made in subclavian artery opposite origin of vertebral artery; incision was retracted with fine silk sutures, exposing, *D*, origin of vertebral artery from lumen of subclavian artery; *E*, circular incision was made in intima of subclavian artery surrounding origin of vertebral artery, and, by development of proper plane of dissection, *F*, occluding tissues were removed, restoring, *G*, normal lumen to origin of vertebral artery; *H*, circulation was restored by repair of subclavian arterial wound with continuous fine silk suture and removal of clamps.

techniques. The anatomic studies of Hutchinson and Yates [4] in patients dying of cerebrovascular accidents showed that the vertebral arteries may be similarly involved in approximately 39% of cases. The clinical significance of these findings is obvious, and the extracranial location of these lesions suggests the possibility of direct surgical attack.

This report is concerned with a patient who was admitted to the hospital five days after the onset of basilar artery insufficiency manifested by visual and peripheral motor disturbances. Vertebral arteriography performed by the direct percutaneous injection of 20 cc. of a 50% solution of diatrizoate (Hypaque) sodium into the proximal subclavian artery revealed complete obstruction of the right vertebral artery and partial occlusion of the left vertebral artery. Reasonably normal basilar artery blood flow was restored in this case by subclavian vertebral endarterectomy. The involved vessels were exposed through an extrapleural combined cervicothoracic incision which split the sternum in the mid-line. After mobilization of the subclavian artery and its branches near the origin of the vertebral artery, temporary occluding clamps were applied. A longitudinal incision was made in the subclavian artery opposite the origin of the vertebral artery. A circular incision was made in the intima of the subclavian artery surrounding the partially obstructed mouth of the vertebral artery. The occluding mass was removed from the vertebral artery through the latter incision. Blood flow was restored by repair of the arterial wounds. After operation, the patient had an uneventful recovery which was associated with continuous improvement in his neurological deficits, indicating the feasibility of operation in patients with basilar arterial insufficiency.

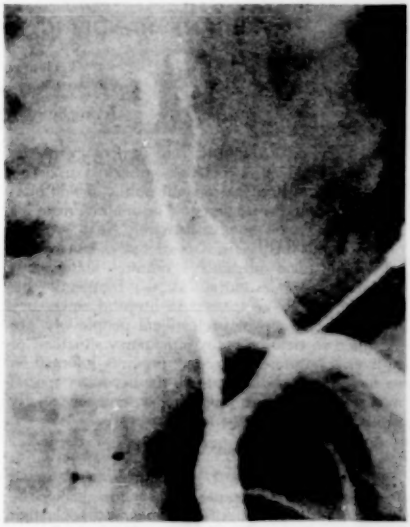


Fig. 6.—Subclavian vertebral arteriogram performed at end of operation, showing restoration of normal lumen in left vertebral artery.

Addendum

Since the preparation of this manuscript, basilar artery circulation has been improved in another patient with vertebral artery occlusion. This patient's

symptoms were similar to those reported here; however, complete neurological recovery had occurred at the time of admission to the hospital 10 days after onset. Bilateral subclavian vertebral arteriograms revealed a very small patent vertebral artery on the right and a segmental occlusion of the proximal 4 cm. of the left vertebral artery. Circulation was restored in this patient by use of a small Dacron bypass graft extending from the subclavian artery to the patent vertebral artery distal to the lesion.

This study was supported, in part, by the U. S. Public Health Service and the Houston Heart Association.

References

1. (*a*) De Bakey, M. E.; Morris, G. C., Jr.; Jordan, G. L., Jr.; and Cooley, D. A.: Segmental Thrombo-obliterative Disease of Branches of Aortic Arch, J. A. M. A. **166**:998-1003 (March 1) 1958. (*b*) Eastcott, H. H. G.; Pickering, G. W.; and Rob, C. G.: Reconstruction of Internal Carotid Artery in Patient with Intermittent Attacks of Hemiplegia, Lancet **2**:994-998 (Nov. 13) 1954. (*c*) Edwards, C., and Rob, C.: Relief of Neurological Symptoms and Signs by Reconstruction of Stenosed Internal Carotid Artery, Brit. M. J. **2**:1265-1267 (Dec. 1) 1956. (*d*) Lyons C., and Galbraith, G.: Surgical Treatment of Atherosclerotic Occlusion of Internal Carotid Artery, Ann. Surg. **146**:487-498 (Sept.) 1957. (*e*) Rob, C., and Wheeler, E. B.: Thrombosis of Internal Carotid Artery Treated by Arterial Surgery, Brit. M. J. **2**:264-266 (Aug. 3) 1957. (*f*) Warren, R., and Triedman, L. J.: Pulseless Disease and Carotid Artery Thrombosis: Surgical Considerations, New England J. Med. **257**:685-690 (Oct. 10) 1957.

2. Egas Moniz: L'encéphalographie artérielle, son importance dans la localisation des tumeurs cérébrales, Rev. neurol. **2**:72-90 (July) 1927.

3. Robb, G. P., and Steinberg, I.: Visualization of Chambers of Heart, Pulmonary Circulation, and Great Blood Vessels in Man: Practical Method, Am. J. Roentgenol. **41**:1-17 (Jan.) 1939.

4. Hutchinson, E. C., and Yates, P. O.: Cervical Portion of Vertebral Artery: Clinico-pathological Study, Brain **79**:319-331 (June) 1956.

CLINICAL NOTES

EFFICIENT HANDLING OF POISONING EMERGENCIES

T. George Bidder, M.D.
and
Irving Sunshine, Ph.D., Cleveland

Recently the Committee on Toxicology of the American Medical Association published an excellent report on how the general public should handle a poisoning emergency.[1] Fortunately, many of these emergencies involve relatively small amounts of innocuous materials. Occasionally, however, a potentially toxic substance is ingested and prompt medical care is essential. All too frequently this problem has to be treated in hospital emergency rooms by a group of professional people who are occupied in treating many emergency situations of a diverse nature. This report presents information on how one hospital made all the necessary special material for treating poisoning emergencies easily available to the emergency room staff.

The Poison Antidote Cart

A movable locked cart (see figure) was designed to contain all the necessary therapeutic agents. The table lists all the drugs, apparatus, and books that are routinely kept in the cart. These books are excellent reference textbooks that can help solve many of the questions that usually arise in a poisoning situation with respect to either therapy or the chemical composition of household products.

From the Department of Pharmacology, Western Reserve University School of Medicine (Dr. Bidder), and the Cuyahoga County Coroner's Office (Dr. Sunshine).

This poison antidote cart has been in constant use for several years. Because all the drugs and equipment necessary for the symptomatic treatment of poisoning emergencies are assembled and readily available, these situations can be handled with promptness and dispatch. There is no need for orderlies and nurses scurrying for unusual but vital drugs and equipment. All necessary measures can be initiated promptly.

Protocol for Handling the Emergency

Recently the problem of efficiently handling poisoning problems in the hospital emergency room was discussed by a group of local physicians called together for that purpose by the Cleveland Academy of Medicine Poison Information Center. In addition to recommending that the fully equipped poison antidote cart be added to their local hospital emergency room's facilities, they suggested the following protocol to guide house officers in the proper handling of an emergency due to chemical poisoning:

1. Treat patient symptomatically and obtain history concomitantly.

2. Contact private physician of the patient.

3. Obtain history of name and composition of poison, amount ingested, time of ingestion, and

195
V. 1

first-aid treatment given (including drug therapy); have family bring in original container if possible.

4. Emesis should be induced (if not more than four hours have elapsed since ingestion) except in cases of poisoning with acids, alkalies, and volatile hydrocarbons (such as kerosene) and in the unconscious patient.

Emesis is induced with the patient lying flat on his abdomen with the head end of the body inclined downward. Ipecac syrup, 1 teaspoonful to 1 tablespoonful, is given every 15 minutes. Apomorphine hydrochloride, 5 mg. (adult dose) is given subcutaneously only once. This agent is potent but dangerous; do not use in patients with central nervous system depression or in those likely to become depressed from the poison ingested.

A gloved finger is rubbed back and forth in oropharynx. This is an effective, rapid, and simple procedure. Don't get bitten—put a mouth gag in the side of the patient's mouth so that his jaws cannot be closed.

Movable, locked, poison antidote cart designed to contain all necessary therapeutic agents for handling poisoning emergencies.

Less useful ways of inducing emesis include the use of salt water (3 teaspoonfuls of table salt to a glass of warm water) and mustard water (1 teaspoonful of mustard powder to a glass of warm water).

5. Since the efficacy of gastric lavage is debatable, emesis is preferable. If lavage is elected, have the patient lie flat with his head to the side. Use repeated small amounts of fluid up to a total of 500 to 1,000 cc. The use of a large stomach tube is recommended. Do not lavage if ingestion occurred more than four hours previous to the time of treatment or if acid or alkali poisoning is suspected. Saline solution is recommended for lavage.

Books and Equipment on Poison Antidote Cart

DRUGS

Parenteral pressor agents
- Amphetamine
- Mephentermine (Wyamine) sulfate
- Levarterenol (Levophed) bitartrate

Parenteral analeptics
- Caffeine and sodium benzoate
- Pentylenetetrazol (Metrazol)
- Picrotoxin
- Bemegride (Megimide)

Nalorphine (Nalline) hydrochloride (for parenteral use)

Chelating agents
- Dimercaprol (BAL) (for parenteral use)
- Edathamil calcium-disodium (Versene)
- Edathamil calcium-disodium ophthalmic solution

"Universal antidote" (activated charcoal, 2 parts, tannic acid, 2 parts, and magnesium oxide, 1 part)

Cyanide kit
- Amyl nitrite
- Sodium nitrite
- Sodium thiosulfate

Oxidizing agent
- Potassium permanganate (1:10,000, with directions for preparing)

Atropine sulfate, 0.5-mg. doses for intravenous administration

Acetic acid, 1%

Aluminum hydroxide preparation

Sedatives
- Thiopental sodium (sodium Pentothal) for intravenous use

Cholinesterase deinhibitors
- Pyridine-2-aldoxime methiodide (PAM)

LITERATURE

Directions for usage of each piece of equipment (posted on lid of cart)

LIST OF CONSULTANTS

Names and telephone numbers (posted on lid of cart)

EQUIPMENT

2 rubber aprons
2 adult stomach tubes
Levin tube, no. 16, 14, and 12
2 50-cc. syringes with adaptors
2 enamel pitchers with marked graduations, 500-2,000 cc.
1 bucket, large
2 large emesis basins
2 small specimen bottles with tops
Mineral oil and lubricating jelly
1 round compress basin (for ice pack)
Rubber gloves, special
2 wooden mouth gags
Metal mouth gags, small
Tourniquets
File for ampuls
2 20-cc. syringes
Sterile intravenous needles, 20 by 1½ in.*
Sterile hypodermic needles, 24 by ⅝ in.*
Sterile hypodermic syringes, 2 cc.*
Sterile hypodermic syringes, 5 cc.*
Plastic drinking glass

BOOKS

Gleason, M. N., and others: Clinical Toxicology of Commercial Products, Baltimore, Williams & Wilkins Co., 1957.
Von Oettingen, W. F.: Poisoning: Guide to Clinical Diagnosis and Treatment, New York, Paul B. Hoeber, Inc., 1953.
Dreisbach, R. H.: Handbook of Poisons, Los Altos, Calif., Lange Medical Publications, 1955.
Pesticide Handbook, edited by D. E. H. Frear, ed. 8, State College, Pa., College Science Publishers, 1956.
Physicians' Desk Reference to Pharmaceutical Specialties and Biologicals, ed. 11, Oradell, N. J., Medical Economics, Inc., 1957.
Clinical Memoranda on Economic Poisons, U. S. Public Health Service, publication 456, Technical Development Laboratories, Technology Branch, Communicable Disease Center, Savannah, Ga., 1956.
Goodman, L. S., and Gilman, A.: Pharmacological Basis of Therapeutics, New York, the Macmillan Company, 1956.

* This equipment should be obtained from rotating sterile hospital supplies. By this procedure sterile syringes and needles are always available for immediate use.

6. Save vomitus and/or lavage (and urine specimen if it can possibly be obtained) for future examination.

7. Consultants are available for help in their specialty fields. The consultants, their specialties, and their phone numbers appear on a separate

page which is posted on the antidote cart. If problems arise, the intern calls the resident, who in turn may call the poison control officer. If the poison control officer is not available, the resident may call the poison control center or consultant.

8. Admit all patients with questionable cases, particularly those with salicylate poisoning (such as aspirin or wintergreen oil), to the hospital.

The above suggestions are presented to illustrate how one community has begun to attack the problem of accidental poisoning.

2085 Adelbert Rd. (6) (Dr. Sunshine).

References

1. Recommendations of Committee on Toxicology on First-Aid Measures for Poisoning, report to the Council on Drugs, J.A.M.A. 165:686-687 (Oct. 12) 1957.

COUNCIL ON INDUSTRIAL HEALTH

THE PROBLEM OF PROLONGED AND RECURRENT INDUSTRIAL DERMATITIS

This is the third in a series of reports prepared by the Committee on Occupational Dermatoses of the Council on Industrial Health, American Medical Association.

B. Dixon Holland, M.D., *Secretary.*

Contact dermatitis occurs more frequently than any other disease arising from employment. A wide variety of causes can produce occupational dermatoses, but primary irritant and sensitizing chemicals are responsible for the majority of the cases. As a general rule, the diagnosis of a contact dermatitis can be made by carefully observing the type of lesions present and the areas of involvement. The cause can usually be found by taking a detailed history, with special attention being paid to the time of onset, and the substances to which the individual has been exposed both at work and elsewhere, and by properly performing such tests, including the patch test, as may be necessary. A close observation of the course of the disease is no less important. Cure or alleviation is then accomplished by eliminating contact with the irritant or sensitizing substance if possible, by proper local therapy, the use of protective clothing, by job change, and, sometimes, by the discontinuance of work for varying periods. These measures, if adequately carried out, result in the clearing up of the dermatitis in the majority of instances. There remains, however, a small group of patients who do not recover promptly. Indeed, the skin condition, instead of clearing up, undergoes a prolonged course or recurs repeatedly. Such a course often becomes a source of misunderstanding between the attending physician and the patient, employer, insurance carrier, compensation commission, and family physician.

Members of the Committee on Occupational Dermatoses are Drs. Donald J. Birmingham (Chairman), Cincinnati; Leonard Weber (Secretary), Chicago; Frank C. Combes, New York; A. Fletcher Hall, Santa Monica, Calif.; James W. Jordan, Buffalo; George Morris, Boston; and Ray O. Noojin, Birmingham, Ala.

The high incidence of occupational skin disease constitutes a source of economic loss to the affected workers in the form of interrupted wages, to the company through decreased production and higher insurance rates, and to the community through increased costs which must be added to the price of goods. Those cases of occupational skin disease which require prolonged treatment because of failure to get well add to the above problem of cost. The Committee on Occupational Dermatoses, therefore, is of the opinion that a better understanding on the part of physicians as to the reasons for prolonged or recurrent occupational dermatoses will result in economic benefits to the worker and to the community. The purpose of this paper is to emphasize the chief reasons responsible for failure to bring about a cure in some patients suspected of having occupational dermatoses. These reasons are outlined and discussed below in the order of their importance.

Incorrect Dermatological Diagnosis

Occupational dermatitis develops at the site of primary contact with the causative allergen or irritant. Since the worker's hands and forearms are the areas most commonly exposed to contact agents in the plant, they are the most common sites of first involvement. However, there are several other skin diseases which are prone to affect the hands and forearms, and when one of these diseases is present it can cause confusion in diagnosis, even among experts. Such diseases as nummular eczema, infectious eczematoid dermatitis, dyshidrosis, superficial fungus infection, lichen planus, and psoriasis are all too frequently misdiagnosed as occupational.

It is obvious that, when the diagnosis is incorrect, treatment of the type employed to control occupational dermatitis will be ineffective.

In establishing a diagnosis of contact dermatitis caused by the working environment, a carefully detailed history is most important. It should include a complete description of the worker's job; all substances to which he has been exposed, directly or indirectly; the site of onset of the dermatitis; the course or spread of the condition; the time of its appearance; any therapy that has been employed; and all agents used to cleanse his skin. The history must also include any existing exposure to allergens or irritants outside of working hours.

In correlating the history, the time of onset should be consistent with the time of exposure to the suspected irritant or allergen. For example, a dermatitis generally appears 24 to 72 hours after the last exposure to the causative substance. The areas of skin involvement should be reasonably consistent with the type of exposure to the suspected substance. For example, if a worker degreasing parts develops an eruption from contact with a solvent, one would expect the hands and forearms to erupt first, though other lesions may occur from splashes of the solvent on other areas of exposed skin or on the clothing. On the other hand, if a worker is exposed to an airborne allergen or irritant, one would expect the face, neck, and other areas not covered by clothing to break out first. Occasionally, the time and site of onset of the dermatitis may be consistent with the time and principal areas of exposure to the suspected substance, yet the individual may not have an occupational dermatitis. For this reason attention must be paid to details of exposure to irritants or allergens outside working hours, as previously mentioned.

When the history and physical findings lead one to suspect an allergic contact dermatitis, proper patch testing can be done with the suspected sensitizers encountered at work and elsewhere. Frequently, the patch test will render valuable diagnostic aid in detecting the causative agent in allergic contact dermatoses, but the test must be performed correctly, with the proper dilutions of chemicals borne in mind so as to avoid the use of a primary irritant. A positive reaction to the patch test is not conclusive proof that the individual has an occupational dermatitis, nor does a negative reaction to the test prove that the individual does not have an occupational dermatitis. A careful interpretation of the patch test is mandatory lest the procedure become a substitute for a clinical diagnosis. It must be emphasized that patch tests are not without potential harm, for any patient is apt to have an acute flare-up from the application of the patch test and this can prolong the dermatitis. The proper role of the patch test in diagnosing contact dermatitis of allergic nature has been outlined in detail in a previous publication by this Committee.[1]

Finally, to confirm a diagnosis of occupational dermatitis, it is often necessary to observe the effects of work stoppage and reexposures on the course of the disease.

Failure to Establish Cause

A diagnosis of contact dermatitis may be considered, but discovering the cause of the dermatitis may prove difficult. When an employee does the same work daily, it is easy to obtain a complete history of his job contactants. Some workers, however, go from job to job and give a confusing history of industrial exposure just before or at the time of onset of the dermatitis. For example, maintenance men who work throughout the entire plant are subject to multiple exposures. In such cases, the cause may not be found readily, and the worker, being kept at his job, may thus be exposed to the same substance causing the rash without the cause being known either to the doctor or to the patient.

Failure to Eliminate Cause After Correct Discovery and Diagnosis

Correct diagnosis and discovery of the cause with failure to eliminate the cause completely is a frequent cause of recurrence of occupational dermatitis or its failure to heal completely. There are many underlying factors in this problem, but poor coordination between some medical departments and the production personnel is an outstanding one. For example, a worker is told the cause of his dermatitis and advised to have his job assignment so changed that he no longer contacts the offending allergen or irritant. However, after his skin heals he is put back on the job by the supervisory personnel, with a resultant recurrence of the dermatitis. An equally difficult situation occurs when workers with industrial dermatoses are reluctant to give up skilled jobs for ones that pay less and, consequently, continue working with hazardous materials in spite of medical advice. A complete change of job in the same department sometimes fails because the air, tools, work benches, and even doorknobs contacted daily may be contaminated with the chemicals responsible for the dermatitis.

Sometimes workers completely change their occupation, obtain a new job in a different industry, and still suffer recurrent dermatitis. This can happen when they contact the same allergen or irritant in several different industries. It may also

happen when they are exposed to apparently different but chemically related substances. On occasion, the individual may be exposed to the same irritant or allergen at work and away from work; indeed, with some common allergens it is almost impossible to eliminate completely the substances from an individual's environment. It must be remembered that some workers develop a degree of tolerance to their exposures at work and can be treated for their dermatitis and be kept at work, remaining on the job without a recurrence of their dermatitis. Such workers may work for many years without a reappearance of their eruption. In some instances the causative agent cannot be eliminated completely, but, by reducing the degree of exposure, dermatitis can be controlled.

Though designed for preventing contact with irritants and sensitizers, gloves and clothing fail to provide complete protection when they become so contaminated with the allergen or irritant that they constitute a direct source for contact. In like manner, protective ointments create a false sense of security and fail to protect when they are unsuitable for the job or improperly used.

Improper Medication

The use of improper medication in the treatment of occupational dermatitis or injury is probably the most common cause of prolongation of the eruption. Although a course of proper treatment may have been instituted by the attending physician, the patient may become dissatisfied with the slow improvement of his condition and may then experiment with home remedies which often cause an exacerbation, retard healing, or superimpose a new contact dermatitis. The attending physician can do much to prevent this by explaining the course of the disease, its nature, and what treatment should accomplish. It is important that only bland, nonirritating, and nonsensitizing preparations be prescribed in the treatment. Physicians must continually bear in mind that the successful treatment of these diseases is much more dependent on eliciting an accurate work history and detecting the causative agent than on the choice of the topical remedy.

Local therapy for occupational dermatitis, like that for contact dermatitis, is governed by the type of lesion present. Acute erythematous, edematous lesions, with or without vesicles, usually require soothing wet compresses. The use of lotions, liniments, bland ointments, or other preparations which relieve the symptoms will generally depend on the nature and severity of the eruptions, along with the degree of involvement. Similarly, the use of strong applications containing mercury, sulfur, or tar for acute contact dermatitis often results in exacerbation and prolongation of the condition. Steroids in ordinary contact dermatitis are not indicated. They do not cure the dermatitis but only mask it so long as used, and the eruption then reappears as soon as they are stopped. The use of these substances, then, can prolong an occupational dermatitis.

Development of Secondary Infections, Nummular Eczema, or Dyshidrosis

An occupational dermatitis causes disruption of the protective outer layers of the skin and so disturbs the natural barriers to infection that the skin is prone to develop superimposed infections. Common complications, such as folliculitis, furunculosis, cellulitis, and lymphangitis, are readily diagnosed and generally respond quickly to treatment. Conversely, superimposed infectious eczematoid dermatitis and nummular eczema are less easily recognized and treated. Failure to recognize this complication may be a reason that the skin eruption does not clear. The presence of an undermined, active, spreading border is suggestive of infectious eczematoid dermatitis, while circumscribed, patchy, vesicular, crusted areas suggest nummular eczema. When these complications exist, bland therapy, usually effective in uncomplicated dermatitis, fails to achieve satisfactory therapeutic results. Though antibiotics are sometimes of value, they may also reactivate or cause directly vesicular eruptions in the hands of those who are recovering from such, and so can aggravate these eruptions.

Another complication which may accompany occupational dermatitis is dyshidrotic eczema. The exact reason for this complication is not clear, but it is theoretically possible that the edema of the skin, resulting from the dermatitis, causes blocking of the eccrine sweat gland orifices, resulting in the formation of intraepidermic sweat vesicles.

Poor Facilities and Improper Cleansing Agents

The longer an irritant remains on the skin, the greater the possibility of its causing dermatitis. A sufficient number of proper cleansing facilities (showers and wash stands) with an adequate supply of hot and cold running water, so that workers may easily cleanse and remove irritants and allergens from their skin during and after finishing their work, will tend to reduce the incidence of industrial dermatitis. This is most important among workers who are exposed to primary irritants.

The habitual use of poor grade alkaline soap and organic fat solvents, e. g., naphtha, kerosene, and gasoline for cleansing the hands, frequently causes

dermatitis among workers. These agents remove the natural oil barrier and in this way make the skin more vulnerable to the action of irritants. Persons who have had occupational dermatitis due to irritants or allergens are prone to exhibit exacerbation from the use of such strong agents for cleansing the skin. Suitable bland cleansers in the form of sulfonated oils and sulfonated alcohols, as well as good-quality conventional soaps, are available as industrial cleansers.

Placing of Dermatitis-Prone Individuals on Hazardous New Jobs

Some skins are more easily affected by primary irritants, while others are more prone to develop cutaneous allergies. Therefore, when an individual has recovered from a severe occupational dermatitis or gives a history of recurrent contact dermatitis from occupational or nonoccupational cause, it is unwise to place him on a new job where he will contact irritant or allergenic chemicals. Plant physicians aware of this are sometimes reluctant to hire a person who has a history of having had a previous industrial dermatitis. These individuals should not be denied employment, but efforts should be made by the attending physician and supervisory personnel to place them on jobs where contact with irritants or allergens is minimal and well controlled.

Cross-Sensitivity

It is known that cross-sensitivity (exposure to different organic chemicals having similar radicals in their molecular structure) can occur to procaine, pontocaine, butesin, ethyl aminobenzoate, sulfonamide, *p*-aminobenzoic acid, aminosalicylic acid, azo dye, and paraphenylene diamines, all of which have a similar amino group in the para position of the benzene ring. Not only substances with similar chemical groups but substances capable of being reduced on the skin to some common chemical group can thus cause a cross-sensitization which eventuates in prolonged or recurrent dermatitis. Accordingly, an individual may develop a dermatitis as a result of exposure to one substance in the plant and suffer a recurrence as a result of contact with a structurally related chemical, either on a new job or in nonoccupational pursuits. This may be a more important cause of prolonged or recurrent dermatitis than our existing knowledge would indicate. Further study on cross reaction may demonstrate a relationship in the form of a common denominator between many supposedly different organic chemicals and thus explain puzzling recurrent dermatitis.

Development of Multiple Reactivities

On rare occasions, an individual develops an occupational dermatitis and then seemingly breaks out after contact with a number of apparently unrelated substances. The cause of this phenomenon is not known, but, when dermatitis persists in spite of the patient's being away from contact with the specific allergen or irritant, one must consider in his case that either nonspecific contactants or cross-reacting allergens might be prolonging the dermatitis.

Malingering

When jobs are easy to find and wages are high, malingering is not common because most employees are not satisfied with the relatively small amounts paid by workmen's compensation for time lost because of industrial disease. However, when jobs are difficult to find, an occupational skin disease may offer a temptation to some individuals to prolong the condition. Sometimes an individual who knows the cause of his dermatitis may reproduce it at will by exposing himself to the causative substance. Older workers, or those with nonoccupational physical impairment which prevents their obtaining new jobs in a new plant, may find it economically advantageous to remain on compensation. Further, industry is sometimes reluctant to hire those who have a history of occupational dermatitis, because of the probability of exacerbations or recurrence of the old dermatitis on a new job. This can constitute a cause for malingering.

It is difficult to determine how much of a part malingering plays in the recurrence or prolongation of industrial disease; though frequently suspected, it is difficult to prove. Rehabilitation and proper job placement, along with better compensation laws, should do much to prevent malingering.

Miscellaneous

There are other factors peculiar to each case which undoubtedly affect the recovery of the patient, namely, an active focus of infection elsewhere, active fungus infection of the feet, worry about various economic and domestic problems, and interference with the attending physician by adjustors or other physicians. Patients with an atopic background or a constitutional skin disease, such as psoriasis, make treatment and recovery of the occupational dermatitis a difficult problem. The conscientious attending physician recognizes these problems and eliminates them when possible, but often some of them are beyond his control.

Summary and Conclusions

Most cases of occupational dermatitis are easily managed by proper diagnosis and appropriate treatment, but in some cases the dermatitis recurs repeatedly or fails to heal after conventional therapy. The reasons for this, in the opinion of the Committee on Occupational Dermatoses, are (1) incorrect dermatological diagnosis, (2) failure to recognize the cause, (3) failure to eliminate the cause when recognized, (4) improper treatment, (5) failure to recognize secondary infections, (6) lack of personal cleanliness by the worker because of poor cleansing facilities and cleansing agents, (7) placement of dermatitis-prone individuals on potentially hazardous jobs, (8) development of cross-sensitivity, (9) development of multiple reactivities, (10) malingering, and such other factors as active focus of infection, presence of fungus disease, and presence of constitutional skin disease.

References

1. Role of the Patch Test in Contact Dermatitis, report of the Committee on Occupational Dermatoses of the Council on Industrial Health, J. A. M. A. **156**:497-499 (Oct. 2) 1954.

2. Morris, G. E.: Why Doesn't Worker's Skin Clear Up? Analysis of Factors Complicating Industrial Dermatoses, A. M. A. Arch. Indust. Hyg. **10**:43-49 (July) 1954.

COUNCIL ON FOODS AND NUTRITION

SYMPOSIUM ON FACTORS INVOLVED IN FORMATION AND DISEASES OF BONE

A symposium, "Factors Involved in Formation and Diseases of Bone," will be held in Madison, Wis., Oct. 16, 1958. This symposium will be sponsored by the Council on Foods and Nutrition with the cooperation of the Medical School, University of Wisconsin; Dane County Medical Society; and Charitable, Educational, and Scientific Foundation of the State Medical Society of Wisconsin. This program will be held in the auditorium (Room 230) of the Service Memorial Institutes, University of Wisconsin. The meeting will be open to all interested persons, and there will be no registration fee. The following program has been arranged by authorization of the Council.

PHILIP L. WHITE, SC.D., *Secretary.*

Morning Session

MODERATOR

DR. J. Z. BOWERS, Dean, School of Medicine, University of Wisconsin

8:30 a. m.: Registration

9:15 a. m.: Welcome

DR. C. A. ELVEHJEM, President, University of Wisconsin

9:30 a. m.: *Historical Background of Vitamin D*

DR. H. T. SCOTT, Director of Biological Laboratory, Wisconsin Alumni Research Foundation

9:50 a. m.: *Mode of Action of Vitamin D*

DR. H. F. DE LUCA, Instructor, Department of Biochemistry, University of Wisconsin

10:20 a. m.: *Clinical Indications for Use of Vitamin D Preparations*

DR. D. W. SMITH, Instructor, Department of Pediatrics, School of Medicine, University of Wisconsin

11:00 a. m.: *Factors Influencing Tooth Formation and Repair*

DR. W. D. ARMSTRONG, Chairman, Department of Physiological Chemistry, University of Minnesota

11:45 a. m.: *Questions and Discussion*

Afternoon Session

MODERATOR

DR. R. N. ALLIN, Assistant Clinical Professor of Medicine, School of Medicine, University of Wisconsin

2:00 p. m.: *Clinical Considerations in Bone Formation and Repair*

DR. D. M. ANGEVINE, Chairman, Department of Pathology, School of Medicine, University of Wisconsin; DR. L. W. PAUL, Chairman, Department of Radiology, School of Medicine, University of Wisconsin

2:50 p. m.: *Lathyrism and Bone Disease*

DR. I. V. PONSETI, Associate Professor of Orthopedic Surgery, School of Medicine, State University of Iowa

Discussion

DR. F. M. STRONG, Professor of Biochemistry, University of Wisconsin; DR. J. J. LALICH, Professor of Pathology, School of Medicine, University of Wisconsin

3:40 p. m.: *Fall-out and Radioactive Strontium Utilization in Human Bone*

DR. WILLARD LIBBY, Commissioner, U. S. Atomic Energy Commission

GRADUATE MEDICAL EDUCATION IN THE UNITED STATES

ANNUAL REPORT AND DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES IN THE UNITED STATES; AND THE REQUIREMENTS OF EXAMINING BOARDS IN THE MEDICAL SPECIALTIES. PREPARED BY THE COUNCIL ON MEDICAL EDUCATION AND HOSPITALS OF THE AMERICAN MEDICAL ASSOCIATION

Arthur N. Springall, M.D., John Hinman, M.D., and Willard V. Thompson, M.D.

ANNUAL REPORT

The 32nd Annual Report on Internships and Residencies is submitted herewith, consisting of detailed information and statistical data on all intern and residency programs approved by the Council. Its primary purpose is to provide this information for recent medical school graduates beginning their professional careers and desiring to undertake graduate medical education and training. According to the present policy of the Council, approval is limited to programs in hospitals located in the continental United States, the Canal Zone, Hawaii, and Puerto Rico.

The report is based on detailed information furnished by each approved hospital. The data in the tables represent the intern and residency situation on Sept. 1, 1957. In many instances, these data vary from the statistics published in the Directory of Approved Internships and Residencies, as the latter refer to the internship and residency appointments beginning July 1, 1959.

Detailed explanations and interpretations are given on published statistical tables regarding internships and residencies; the function and results of the National Intern Matching Program are included and also information concerning the several intern and residency review committees.

Following the statistical report and interpretations is the Directory of Approved Internships and Residencies. In addition to the name and address of each hospital approved for internship, information is given concerning hospital control, number of beds, number of annual admissions, autopsy rate, length of internship, stipend, and number and types of internships offered. A list of Canadian internships approved by the Canadian Medical Association is included.

The residency section consists of information on residency programs in the various specialties in hospitals approved for training. Supplemental to the data presented, which are similar to information given in the internship section, the names of the chiefs of services are listed. The geographical listing by state and city indicates the approved residencies in specialties which are offered by each hospital.

Mrs. Helen Neitzel and Mrs. Mildred Papak were responsible for much of the detail work in the preparation of the lists of approved internships and residencies, and the staff of the IBM Service was responsible for the statistical tabulations.

The Council is grateful for the cooperation and assistance of the medical staffs and the administrators of hospitals listed. This report is made possible by their assistance in furnishing the data required.

The following organizations collaborated with the Council in approving residency programs:

Advisory Board for Medical Specialties
American Academy of General Practice
American Board of Anesthesiology
American Board of Dermatology
American Board of Internal Medicine
  Subspecialty Board on Allergy
  Subspecialty Board on Cardiovascular Disease
  Subspecialty Board on Gastroenterology
  Subspecialty Board on Pulmonary Diseases
American Board of Neurological Surgery
American Board of Obstetrics and Gynecology
American Board of Ophthalmology
American Board of Orthopedic Surgery
American Board of Otolaryngology
American Board of Pathology
American Board of Pediatrics
  Subspecialty Board on Allergy
American Board of Physical Medicine and Rehabilitation
American Board of Plastic Surgery
American Board of Preventive Medicine
American Board of Proctology
American Board of Psychiatry and Neurology
American Board of Radiology
American Board of Surgery
American Board of Urology
Board of Thoracic Surgery
American College of Physicians
American College of Surgeons

The annual report is available to medical students, interns and residents, hospital administrators, medical educators, and other individuals and organizations desiring information on graduate medical education. The entire report is reprinted as the Directory of Approved Internships and Residencies. Copies of this reprint may be obtained from the Council.

INTERNSHIP

During the past 10 years, there has been a gradual increase in the number of approved internships. Since 1952, the number of hospitals offering ap-

proved intern training programs has varied little more than 2% annually. Comparison of figures for the last 10 years may be made by reference to table 1, which indicates the number of hospitals offering approved internships and the number of positions offered. For the intern year 1957-1958,

TABLE 1.—*Approved Hospitals and Internships, 1949-1958*

	No. of Hospitals	No. of Internships
1949	807	9,134
1950	799	9,388
1951	828	10,044
1952	865	11,467
1953	856	11,008
1954	844	10,624
1955	850	11,648
1956	867	11,616
1957	852	11,866
1958	867	12,325

the number of hospitals offering intern training was 867, an increase of 2% from the figure for the preceding year. Positions offered increased 3% to a total of 12,325. Included in these statistics are figures submitted by hospitals in territories and possessions of the United States—one in the Canal Zone, four in Hawaii, and seven in Puerto Rico.

The disparity between the number of approved intern positions and the number of American medical school graduates available to fill them continues to increase. Approximately 7,000 students were graduated from American medical schools in 1957 as compared with 12,325 positions to be filled. The discrepancy is about 5,000 internships which either remained vacant or were filled by graduates of foreign medical schools. The average number of intern positions for each hospital has increased during the past 10 years from 11.3 to 14.2.

TABLE 2.—*Number of Internships, by Type of Service, 1957-1958*

Type of Internship	No. of Approved Programs	No. of Internships: Filled Sept. 1, 1957	Vacant Sept. 1, 1957	Percentage Filled
Rotating general	822	8,878	1,945	82
Other rotating	20	58	6	91
Totals	842	8,936	1,951	82
Mixed	34	158	18	89
Straight				
Internal medicine	79	587	52	92
Surgery	60	331	50	87
Pediatrics	50	149	37	80
Pathology	28	37	19	66
Totals	217	1,104	158	87
Grand totals	1,093*	10,198	2,127	83

* Number of intern training programs in 867 approved hospitals.

Internships, by Type of Service

The following three types of internships are approved by the Council: (1) rotating, which includes training on the medical, surgical, pediatric, and obstetric services; (2) mixed, offering training in two or three of the four major clinical services; and (3) straight, which provides training on a single service. Although there is a numerical increase of 430 in intern positions, the relative distribution of these three types is approximately the same as for the preceding year—rotating internships 87.6%, mixed internships 1.6%, and straight internships 10.8%.

Table 2 indicates the breakdown of internships according to type of service and shows the number and percentage of positions filled on Sept. 1, 1957, for each type. There is little variation in these statistics from those of the previous year. The percentage filled on stated date were rotating 82%, mixed 89%, straight 87%. Of the straight internships, those in medicine showed the highest rate of occupancy 92%, and the lowest rate was for pathology, which was 66%. The status of the straight obstetrics-gynecology internship was clarified too late for interns to be reported on service on Sept. 1, 1957.

TABLE 3.—*Number of Internships, by Type of Hospital Control 1957-1958*

Control	No. of Approved Hospitals	No. of Internships: Filled Sept. 1, 1957	Vacant Sept. 1, 1957	Percentage Filled
Federal				
U. S. Army	10	223*	3	99
U. S. Navy	14	103	0	100
U. S. Air Force	1	23	1	96
U. S. Public Health Service	7	84	0	100
Veterans Administration	6	48	47	50
Other federal	3	43	6	88
Totals	41	614	57	92
Governmental (nonfederal)				
State	31	840	127	87
County	36	877	125	84
City	49	1,327	167	89
City-County	17	320	68	82
Totals	133	3,364	487	87
Nongovernmental				
Church	316	2,506	749	77
Nonprofit corporations	368	3,614	811	82
Totals	684	6,180	1,560	80
Proprietary				
Partnership	1	2	6	25
Corporations unrestricted as to profit	8	38	17	69
Totals	9	40	23	63
Grand totals	867	10,198	2,127	83

* Includes 60 positions assigned to the U. S. Air Force.

Although not indicated in the table, the majority of straight internships are offered in medical school affiliated hospitals. On Sept. 1, 1957, there were 1,093 approved intern programs in 867 hospitals, offering 12,325 internships. Of this number, 10,198, or 83%, were filled. The same percentage (83%) of positions filled was published for 1956 and for 1955.

Internships, by Type of Hospital Control

Table 3 classifies internships according to type of hospital control. The largest group in this classification is comprised of the nongovernmental hospitals, of which there are 684, or 78.9%. The governmental (nonfederal) hospitals numbered 133 (15.3%); federal hospitals were 41 (4.7%); and the proprietary hospitals, the smallest group, included 9 (1%).

The occupancy rate (as of Sept. 1, 1957) for these hospitals varied from a high of 92% in the case of the federal hospitals to a low of 63% for the proprietary group. The rate for governmental (nonfederal) institutions was 87%, and that for the nongovernmental group was 80%.

TABLE 4.—*Number of Internships, by Medical School Affiliation and Bed Capacity, 1957-1958*

Classification	No. of Approved Hospitals	No. of Internships: Filled Sept. 1, 1957	Vacant Sept. 1, 1957	Percentage Filled
Nonaffiliated				
Less than 200 beds	138	686	163	81
200-299	200	1,706	500	76
300-499	220	2,169	514	80
500-over	58	1,114	158	88
Totals	656	5,705	1,295	80
Major teaching				
Less than 200 beds	10	42	10	81
200-299	13	160	16	91
300-499	51	910	151	86
500-over	66	2,668	356	88
Totals	140	3,880	533	88
Minor teaching				
Less than 200 beds	13	43	27	61
200-299	24	155	84	65
300-499	24	282	53	84
500-over	10	213	35	86
Totals	71	693	199	78
Grand totals	867	10,198	2,127	83

The largest numerical increase in this group of hospitals appeared in the nongovernmental group; there were 684 hospitals offering 7,740 positions as compared with 670 hospitals providing 7,393 internships in 1956.

In the individual federal services, the Navy hospitals and Public Health Service hospitals reported all positions filled on Sept. 1, 1957; the Army showed 99% filled; the Veterans Administration hospitals were 50% filled. The figure of 223 positions filled shown by the Army includes 60 positions occupied by members of the Air Force; this number is in addition to the 23 interns shown in the single Air Force hospital that is approved for intern training.

The average number of interns on duty per hospital is 11.8 as compared with 11.6 for the preceding year. Federal hospitals averaged 14.9 interns per hospital, governmental (nonfederal) 25.3, non-

TABLE 5.—*Number of Internships, by Census Region and State, 1957-1958*

Census Region and State	No. of Approved Hospitals	No. of Internships: Filled Sept. 1, 1957	Vacant Sept. 1, 1957	Percentage Filled
New England				
Connecticut	22	205	12	92
Maine	4	19	9	68
Massachusetts	38	370	55	77
New Hampshire	1	14	..	100
Rhode Island	7	52	16	76
Vermont	2	20	1	95
Totals	74	680	93	88
Middle Atlantic				
New Jersey	41	427	47	90
New York	107	1,714	138	93
Pennsylvania	78	650	268	71
Totals	226	2,791	453	86
East North Central				
Illinois	55	720	80	89
Indiana	16	68	98	42
Michigan	38	480	124	89
Ohio	54	656	138	83
Wisconsin	22	162	72	69
Totals	185	2,116	521	80
West North Central				
Iowa	8	72	6	92
Kansas	6	80	11	88
Minnesota	15	189	40	82
Missouri	27	314	115	73
Nebraska	9	50	30	63
North Dakota	4	13	9	59
South Dakota	3	19	5	79
Totals	72	737	216	77
South Atlantic				
Delaware	3	21	13	62
District of Columbia	11	221	12	95
Florida	15	192	28	87
Georgia	16	141	81	64
Maryland	21	277	52	84
North Carolina	13	135	64	68
South Carolina	7	90	13	87
Virginia	18	208	25	89
West Virginia	10	61	19	76
Totals	114	1,341	307	81
East South Central				
Alabama	9	81	45	64
Kentucky	9	87	24	79
Mississippi	3	23	16	59
Tennessee	15	195	46	81
Totals	36	386	131	75
West South Central				
Arkansas	3	36	17	68
Louisiana	10	240	12	95
Oklahoma	7	67	27	71
Texas	27	374	72	84
Totals	47	717	128	85
Mountain				
Arizona	5	30	20	60
Colorado	12	151	11	93
Montana	2	6	2	75
New Mexico	1	8	2	80
Utah	7	67	19	78
Totals	27	271	54	83
Pacific				
California	51	742	176	81
Oregon	7	94	6	94
Washington	16	166	20	89
Totals	74	1,002	202	83
Territories and Possessions				
Canal Zone	1	15	..	100
Hawaii	4	64	11	85
Puerto Rico	7	78	11	88
Totals	12	157	22	88
Grand totals	867	10,198	2,127	83

governmental 9.0, and proprietary hospitals 4.3. These figures do not vary appreciably from those for 1956.

For the past three years the number of intern positions filled has increased from 9,603 in 1955 to 9,893 in 1956 to 10,198 in 1957. While this numerical increase is present, it should be noted that the percentage of intern positions that has been filled each of these years has remained steady at 83%.

TABLE 6.—*Internship Hospitals with Highest Autopsy Rates, 1957*

	%
Federal	
1. Letterman Army Hospital, San Francisco	93
2. Fitzsimons Army Hospital, Denver	92
3. Brooke Army Hospital, Fort Sam Houston, San Antonio, Texas	91
4. U. S. Army Hospital, Fort Benning, Ga.	90
5. U. S. Naval Hospital, Bethesda, Md.	90
6. Madigan Army Hospital, Fort Lewis, Tacoma, Wash.	90
7. Gorgas Hospital, Ancon, Canal Zone	89
8. U. S. Naval Hospital, Jacksonville, Fla.	89
9. William Beaumont Army Hospital, El Paso, Texas	89
10. Walter Reed Army Hospital, Washington, D. C.	88
11. U. S. Naval Hospital, Oakland, Calif.	87
12. Veterans Administration Hospital, Salt Lake City	87
13. U. S. Naval Hospital, Oceanside, Calif.	86
14. U. S. Naval Hospital, San Diego, Calif.	86
15. U. S. Naval Hospital, Great Lakes, Ill.	86
16. U. S. Public Health Service Hospital, New Orleans	86
17. U. S. Public Health Service Hospital, Baltimore	86
18. Valley Forge Army Hospital, Phoenixville, Pa.	85
19. U. S. Public Health Service Hospital, Seattle	85
20. U. S. Public Health Service Hospital, Boston	82
Nonfederal	
1. Children's Orthopedic Hospital, Seattle	98
2. Aguadilla District Hospital, Aguadilla, P. R.	94
3. Children's Hospital, Buffalo	93
4. Children's Hospital, Los Angeles	90
5. Colorado General Hospital, Denver	89
6. University of Illinois Research and Education Hospitals, Chicago	89
7. University of California Hospital, Los Angeles	87
8. University of Minnesota Hospitals, Minneapolis	86
9. University of California Hospitals (Herbert C. Moffitt Hospital), San Francisco	85
10. Glockner-Penrose Hospital, Colorado Springs, Colo.	85
11. Children's Medical Center, Boston	84
12. St. Louis Children's Hospital, St. Louis	84
13. St. Peter's General Hospital, New Brunswick, N. J.	84
14. Mary Hitchcock Memorial Hospital, Hanover, N. H.	83
15. El Paso General Hospital, El Paso, Texas	83
16. Mary Fletcher Hospital, Burlington, Vt.	82
17. Milwaukee Children's Hospital, Milwaukee	81
18. Boston Floating Hospital, Boston	81
19. Blodgett Memorial Hospital, Grand Rapids, Mich.	80
20. Evanston Hospital, Evanston, Ill.	80

Internships, by Medical School Affiliation and Bed Capacity

In table 4, division of hospitals into three categories is made, classification being based on the degree to which medical schools utilize these hospitals for undergraduate medical education. A "major teaching hospital" is considered by the medical school as a major unit in its undergraduate clinical clerkship program. A "minor teaching hospital" indicates that the hospital is used to a limited extent for undergraduate training. Hospitals which are not designated by a medical school as participating in such a program are termed "nonaffiliated hospitals."

There are 140 major teaching hospitals, constituting 16% of the total number. These hospitals offered 4,333 intern positions, of which 88% were filled on Sept. 1, 1957. The 71 minor teaching hospitals constituted 8% of the total, and were 78% filled. The largest group is comprised of the nonaffiliated hospitals, which number 656 and make up 76% of the total number. Of the 7,100 positions, 80% were occupied on Sept. 1, 1957. There has been an increase of 20 hospitals in this group since the preceding year.

On the basis of grouping by bed capacity, it is observed that the occupancy rate for hospitals of 200 beds and under and for hospitals of 200-299 beds is the same, 79%. Of the positions offered by hospitals having 300-499 beds, 83% were filled; and 88% of the positions offered by hospitals of over 500 beds were filled. As compared with similar statistics for 1956, there is an increase of 2% in the occupancy rate in the first three groups for 1957 and a decrease of 2% in hospitals having more than 500 beds for the same period.

Internships, by Census Region and States

Distribution of internships by geographical location appears in table 5, with numbers of positions filled and percentage occupancy given for each region and individual state.

Hospitals in United States territories and possessions and those in the New England area showed the highest rate of occupancy, 88%, on Sept. 1, 1957. The region having the lowest rate of occupancy was the East South Central area with 75%. Individual states with a rate of 90% or above were Canal Zone 100%, New Hampshire 100%, District of Columbia 95%, Louisiana 95%, Vermont 95%, Oregon 94%, New York 93%, Colorado 93%, Connecticut 92%, Iowa 92%, and New Jersey 90%. States having the lowest rates were Indiana, North Dakota, and Mississippi.

As has been noted in previous years, the Middle Atlantic states (New Jersey, New York, and Pennsylvania) offer more than one-quarter of all approved internships, and more than one-quarter of the interns serving on Sept. 1, 1957, were located in these three states.

There are still three states which do not offer approved intern training—Idaho, Nevada, and Wyoming.

Autopsy Rates

Table 6 is a listing of the 20 federal and 20 nonfederal hospitals having the highest autopsy rates for the past year. These hospitals are to be com-

mended for their high autopsy rates, as the rate is considered to indicate the interest of the staff in medical education and in the scientific progress of medicine.

Thirteen of the 20 federal hospitals were listed last year, and 13 of the 20 nonfederal hospitals also were listed last year.

Hospitals offering approved intern training programs which fall below the 25% autopsy rate are being encouraged to raise the rate, as a rate below this minimum figure may be the basis for withdrawal of approval.

Internship Stipends

A study of the monthly stipends offered interns indicates that there has been an appreciable increase during the last several years. In order for a comparison to be made of present and past stipends, the average monthly stipend for interns serving in both affiliated and nonaffiliated hospitals was calculated, the upper level of the stipend range being used in order to be consistent with the method of calculation during previous years.

For affiliated hospitals, the average cash stipend paid in 1954 was $87; in 1955, $121; in 1956, $141; and for the year beginning July 1, 1957, $155. These figures show an increase of $14 over the previous year. Nonaffiliated hospitals showed a similar increase—in 1954, $136; in 1955, $169; in 1956, $177; and in 1957-58, $197, an increase of $20 over the preceding year.

The graph indicates the comparison of the stipend paid by the affiliated and the nonaffiliated hospitals. Cash stipend was furnished by all hospitals. This graph corresponds to the graph published for 1956-1957. Federal hospitals are not included in any of these stipend calculations.

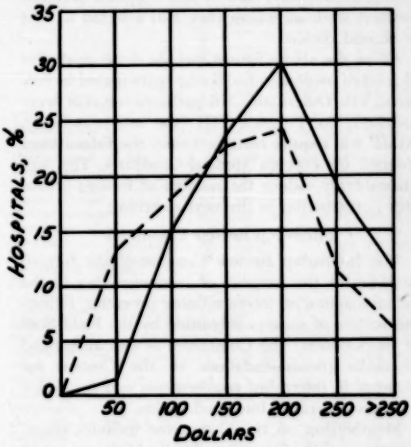
In addition to the cash monthly stipend, 69% of the affiliated hospitals furnished full maintenance; 20% furnished partial maintenance; and 11% furnished no maintenance. In the nonaffiliated group, 83% offered full maintenance; 14% offered partial maintenance; and 3% indicated that no maintenance was furnished.

The stipend paid by the nonaffiliated hospitals averaged $42 more than that given by the affiliated hospitals. The letters FM and PM, as used in the listings of internships, refer to "full maintenance" and "partial maintenance" respectively.

National Intern Matching Program

The National Intern Matching Program continues to serve as the central clearing agency for hospitals seeking interns and for medical students desiring internships. For the past seven years, hospitals approved for intern training by the Council on Medical Education and Hospitals and medical students seeking first year internships have used the NIMP as the official agency for intern procurement. The plan gives complete freedom of choice to both hospitals and students and has received continued support from both groups.

Hospitals approved by the Council submit a Hospital Agreement to the program in which they agree to interview only students who participate in the program and to accept all interns matched to them. Students submit similar agreements, stating they will apply only to participating hospitals and will accept the hospital to which they are matched. Hospitals and students make contact with each other by means of the NIMP directory. Hospitals



Monthly internship stipends, with federal hospitals excluded. Solid line indicates nonaffiliated hospitals (627), dashed line, affiliated hospitals (199). Abscissa gives upper level of stipend range.

receive a directory of all participating students, and students receive a hospital directory in which are listed all participating hospitals and the type and number of internships each offers. Hospitals are free to interview as many applicants as possible, using any means of evaluation they desire.

The Matching Program has matched more than 42,000 students with no reported error to date. The policies and general management of the program are governed by the organizations most interested

Ward Darley, M.D., Executive Secretary, National Intern Matching Program, submitted the section entitled "National Intern Matching Program."

in medical education at the intern level. These organizations include, in addition to the Council on Medical Education and Hospitals, the American Hospital Association, the Association of American Medical Colleges, the Catholic Hospital Association, the American Protestant Hospital Association, and the Student American Medical Association. Further assistance is given by liaison representatives from the Army, Navy, Air Force, and the Public Health Service.

The program covers internships beginning April 1 and Dec. 31. In Program VII for 1958 internships, 819 hospitals offered 11,958 positions, while 7,131 students participated in the program. Of this number, 6,734 (94%) were matched. 88% of the matched students went to hospitals of their first or second choice. Conversely, 89% of the hospitals received medical students whom they had selected as first or second choice.

All of the above figures include those graduates of foreign medical schools who participated in Program VII. Out of the 376 participating, 224 were matched. For Program VIII (the next matching), NIMP will require certification by the Educational Council for Foreign Medical Graduates. This will undoubtedly reduce the number of foreign graduates participating in the next matching.

Internship Review Committee

The Internship Review Committee was formed in 1954 for the purpose of recommending to the Council action on intern training programs, following review of surveys submitted by the Field Staff of the Council. The Committee is also authorized to make recommendations to the Council for changes in internship requirements and for policy changes regarding intern education.

Membership on the Committee includes representatives of the Council on Medical Education and Hospitals, the Association of American Medical Colleges, the American Hospital Association, the Federation of State Medical Boards of the United States, and the American Academy of General Practice.

The primary objective of the Committee is the continuous improvement of the standards of medical education at the internship level. It allows a reasonable degree of flexibility in the interpretation of the Essentials of an Approved Internship; it urges the development of new ideas; and it encourages proper experimentation. It also gives a hospital having deficiencies in its training program a reasonable period of time in which to correct these deficiencies before approval of the internship is discontinued.

RESIDENCY REVIEW AND CONFERENCE COMMITTEES

The Residency Review and Conference Committees essentially represent a cooperative partnership through which the Council, the various specialty boards, the American College of Surgeons, the American College of Physicians, and the American Academy of General Practice are endeavoring to conduct objective and constructive programs of approval in graduate medical education. These committees are delegated authority by their parent organizations to approve residency training programs and authorize the listing of such programs in the annual Internship and Residency Number of THE JOURNAL.

Since they represent a liaison partnership with responsibilities for approval of residency training delegated to them by their parent organizations, it is important that any major changes in policy by a parent organization which might alter materially program approval are instituted only after discussion and mutual agreement. When the committees find it necessary to make recommendations regarding changes in standards, such changes are referred to the parent organizations for approval prior to implementation.

The objective of these committees, composed of representatives of the Council and other appropriate sponsoring bodies, is to insure that the best possible graduate medical education and training are provided at the residency level. The committees encourage the staffs of hospitals operating residency programs to maintain the training standards at a high level and to strive continually to elevate these standards of graduate medical education.

Bipartite committees, composed of representatives of the Council and the specialty board concerned, are those in anesthesiology, dermatology, neurological surgery, ophthalmology, orthopedic surgery, physical medicine, preventive medicine, proctology, psychiatry and neurology, radiology, and urology. The committees in surgery, plastic surgery, otolaryngology, and obstetrics-gynecology include representatives from the American College of Surgeons, in addition to the Council and the specialty boards. The committee for internal medicine includes representatives of the American College of Physicians, and the committee on pediatrics includes representatives of the American Academy of Pediatrics. The general practice committee is composed of members of the Council and the American Academy of General Practice.

The committee on obstetrics-gynecology has been established during the past year. There is no committee in pathology or in thoracic surgery.

The internal medicine committee is also responsible for the subspecialties of allergy, cardiovascular disease, gastroenterology, and pulmonary diseases. The committee on pediatrics includes the subspecialty of pediatric allergy. The subspecialties of aviation medicine, occupational medicine, and public health are the responsibility of the committee on preventive medicine. Committees meet at stated intervals, from once annually to three or four times annually.

Residencies by Specialty

In table 7 is presented the breakdown of the number of residencies into the particular specialties. Data concerning the number of first year appointments and the total number of appointments are quoted for each specialty, also the number of appointments filled and vacant as of Sept. 1, 1957, together with the percentage filled in each instance. The number of approved programs offered increased from 5,134 for the previous year to 5,299 this year. The total number of residencies offered by all programs was 30,595, an increase of 6% over the number of positions offered last year. Of this number 12,939, or approximately 40%, were first year residencies.

Training is offered in 26 specialties and in general practice. The residencies in contagious diseases and in malignant disease have been discontinued. While the majority of residency training programs are given in hospitals, some (in aviation medicine, occupational medicine, and public health) are given in other organizations or institutions.

The specialty offering the largest number of residency positions was surgery, with 5,924 positions offered; this was followed by internal medicine, with 5,401 positions offered. Obstetrics-gynecology held the third position with 2,525 residencies. The positions offered by these three specialties accounted for approximately one-third of the total number of residencies. The residencies in aviation medicine, dermatology, obstetrics-gynecology, ophthalmology, and surgery showed an occupancy rate of 90% or higher. The rate of 39% for public health was the lowest.

The over-all occupancy rate for all residencies was 82%, which was slightly higher than the figure of 81% for the previous year.

Residencies, by Type of Hospital Control

A breakdown of residencies by type of hospital control is shown in table 8. Federal hospitals numbered 125 in a total of 1,248 and offered 4,614 residencies in a total of 30,595 positions. The Veterans Administration hospitals were responsible for 3,258 residencies, which is 11% of the total number offered. State, county, and city hospitals offered 10,834 positions; the city hospitals being highest in this category with 3,339 positions. Nongovernmental hospitals were responsible for 14,800 residency positions and proprietary hospitals for 250. The figures for the subspecialties of preventive medicine (aviation medicine, occupational medicine, and public health) are quoted in a separate category, since organizations other than hospitals offered training in these specialties.

TABLE 7.—*Number of Residencies, by Specialty, 1957-1958*

Specialty	No. of Approved Programs	No. of Residencies: First Yr. Appointments: Filled Sept. 1, 1957	First Yr. Appointments: Vacant Sept. 1, 1957	First Yr. Appointments: Percentage Filled	Total Appointments (All Yr.): Filled Sept. 1, 1957	Total Appointments (All Yr.): Vacant Sept. 1, 1957	Total Appointments (All Yr.): Percentage Filled
Allergy	21	17	5	77	26	10	72
Anesthesiology	220	529	122	81	1,022	253	80
Aviation medicine	3	11	...	100	20	...	100
Cardiovascular disease	52	53	4	93	110	19	85
Dermatology	74	118	13	90	278	28	91
Gastroenterology	34	27	5	80	57	17	77
General practice	195	367	174	68	668	279	63
Internal medicine	602	2,219	367	86	4,409	902	83
Neurological surgery	106	71	25	74	324	60	84
Neurology	109	128	51	71	280	118	70
Obstetrics-gynecology	484	942	72	93	2,324	201	92
Occupational medicine	...	...	...	...	...	...	...
Ophthalmology	162	251	25	91	653	62	91
Orthopedic surgery	284	330	52	87	997	170	86
Otolaryngology	129	133	42	75	365	100	78
Pathology	643	709	294	71	1,647	821	67
Pediatrics	281	737	108	87	1,517	236	86
Physical medicine	66	74	47	61	171	115	60
Plastic surgery	41	25	4	86	86	16	84
Proctology	14	9	...	100	23	3	88
Psychiatry	281	1,008	293	78	2,511	797	76
Public health	15	24	31	44	30	47	39
Pulmonary diseases	113	196	69	74	254	105	71
Radiology	361	481	170	74	1,306	438	75
Surgery	686	1,906	213	90	5,364	560	90
Thoracic surgery	96	86	13	87	194	28	87
Urology	227	176	55	76	540	144	79
Totals	5,299	10,687	2,252	83	24,976	5,619	82

The occupancy rate for federal hospitals on Sept. 1, 1957, was 75%. The rate for governmental nonfederal hospitals was 84%, that for nongovernmental hospitals 82%, and the rate for proprietary hospitals 79%. The over-all occupancy rate for all hospitals and other groups offering residency training was 82%, a 1% increase since last year.

Residencies, by Hospital Bed Capacities

Table 9 indicates the number of residencies according to classification by bed capacity. The largest group of hospitals in this classification has more than 500-bed capacity; this group offered 16,460

residencies, or half the residencies available. The highest percentage of positions filled on Sept. 1, 1957, was in the 50-99 classification, with 89% filled; the group of hospitals having more than 500 beds was 88% filled on the same date.

Again, the subspecialties in preventive medicine (aviation medicine, occupational medicine, and public health) are placed in a separate category as training in these specialties is not under hospital control. It is noted that the number of approved hospitals is 1,248 in comparison with 1,199 for the previous year, and the number of approved programs is 5,299, comparing with 5,134 programs last year. The over-all occupancy rate is 82%.

TABLE 8.—*Number of Residencies, by Type of Hospital Control, 1957-1958*

Control	No. of Approved Hospitals	No. of Approved Programs	No. of Residencies: First Yr. Appointments: Filled Sept. 1, 1957	First Yr. Appointments: Vacant Sept. 1, 1957	First Yr. Appointments: Percentage Filled	Total Appointments (All Yr.): Filled Sept. 1, 1957	Total Appointments (All Yr.): Vacant Sept. 1, 1957	Total Appointments (All Yr.): Percentage Filled
Federal								
U. S. Air Force	4	11	17	6	74	36	44	45
U. S. Army	12	82	175	61	74	389	227	63
U. S. Navy	8	78	196	...	100	388	...	100
U. S. Public Health Service	9	33	50	4	93	130	28	82
Veterans Administration	89	534	848	383	69	2,403	855	74
Other federal	3	18	34	5	87	86	8	94
Totals	125	756	1,320	459	70	3,452	1,162	75
Governmental (nonfederal)								
State	159	563	1,620	321	83	4,178	836	83
County	66	302	651	169	79	1,567	378	79
City	80	431	1,240	128	91	2,979	360	89
City-county	19	129	226	45	84	476	120	80
Totals	324	1,425	3,736	663	85	9,140	1,694	84
Nongovernmental nonprofit								
Church operated and church related	294	1,056	1,068	394	81	3,013	949	74
Other nonprofit	478	1,984	3,813	682	85	9,123	1,715	83
Totals	772	3,050	5,481	1,076	84	12,136	2,664	82
Proprietary								
Individual	3	5	2	2	50	7	6	54
Partnership	1	4	4	1	20	4	1	20
Corporation	23	41	89	20	82	187	45	81
Subtotals	27	50	95	23	81	198	52	79
Totals	1,248	5,281	10,652	2,221	83	24,926	5,572	82
Other than hospitals								
Aviation medicine	...	3	11	...	100	20	...	100
Occupational medicine	...	...	...	...	...	...	...	...
Public health	...	15	24	31	44	30	47	39
Totals	...	18	35	31	53	50	47	52
Grand totals	1,248	5,299	10,687	2,252	83	24,976	5,619	82

RÉSUMÉ

This 32nd Annual Report contains factual information and statistical data on approved internships and residencies in the United States and its territories and possessions. This information is presented to assist medical students, interns, and residents in choosing programs of medical training at the graduate level where they may continue their medical education. Analysis is made of statistical tables presented, and there are brief write-ups on the National Intern Matching Program and the review committees on internships and residencies. The report is followed by complete lists of hospitals and other institutions offering approved internships and residencies, with detailed information regarding each program.

The number of approved internships, 12,325, shows a 4% increase over the figure of 11,895 positions offered the previous year. The number of approved residencies also increased 6%, with 30,595 positions offered as compared with 28,528 last year. A total of 6,392 programs was offered this year, compared with 6,235 programs last year. The number of hospitals and other institutions offering graduate training increased from 1,372 to 1,400. Of this number, 141 offered intern training only, 537 gave resident training only, and 722 were approved for both intern and resident training.

The occupancy rate for internships on Sept. 1, 1957, was 83%, the same as for the previous year. The rate for residencies on the same date was 82%, an increase of 1% over last year's figure.

The review committees are functioning effectively for the internship, for 17 specialty fields, and for general practice. There are no review committees for two specialties. Graduate training has been offered in 27 fields.

The Council has presented this report in the hope that it will be helpful to all individuals interested in medical education at the internship and residency levels.

TABLE 9.—*Number of Residencies, by Bed Capacity, 1957-1958*

Classification	No. of Approved Hospitals	No. of Approved Programs	No. of Residencies: First Yr. Appointments: Filled Sept. 1, 1957	First Yr. Appointments: Vacant Sept. 1, 1957	First Yr. Appointments: Percentage Filled	Total Appointments (All Yr.): Filled Sept. 1, 1957	Total Appointments (All Yr.): Vacant Sept. 1, 1957	Total Appointments (All Yr.): Percentage Filled
Less than 50 beds	18	24	18	5	78	42	17	71
50-99	66	72	117	17	87	290	34	89
100-199	209	392	624	156	80	1,223	307	81
200-299	314	1,010	1,269	371	79	3,132	820	79
300-499	327	1,763	2,964	646	82	6,335	1,647	79
Over 500	306	2,004	5,484	1,014	81	13,679	2,701	88
Other	8	16	46	12	83	124	40	76
Totals	1,248	5,281	10,652	2,221	83	24,926	5,572	82
Other than hospitals								
Aviation medicine	...	3	11	...	100	20	...	100
Occupational medicine	...	...	...	...	...	...	...	...
Public health	...	15	24	31	44	30	47	39
Totals	...	18	35	31	53	50	47	52
Grand totals	1,248	5,299	10,687	2,252	83	24,976	5,619	82

APPROVED INTERNSHIPS

Council on Medical Education and Hospitals of the American Medical Association
535 North Dearborn Street, Chicago 10

Revised to September 1, 1958

HOSPITALS, 853 INTERNSHIPS, 12,626

The following general hospitals, investigated and approved by the Council on Medical Education and Hospitals, are considered in position to furnish acceptable intern training in accordance with standards adopted by the American Medical Association. Three types of internships are approved by the Council—rotating, mixed, and straight:

1. A rotating internship is defined as one that provides supervised experience in internal medicine, surgery, pediatrics, obstetrics, and their related subspecialties, together with experience in laboratory and radiologic diagnosis.

2. A mixed internship is defined as one that provides supervised experience in two or more, but not in all, of the clinical divisions named.

3. A straight internship is defined as one that provides supervised experience in a single department, although it may include limited opportunity for work in a related subspecialty. Straight internships are now approved in internal medicine, surgery, pediatrics, pathology, and obstetrics-gynecology.

Hospitals approved for internships that are used by medical schools for undergraduate clinical clerkships on inpatient services have been identified in the following lists by the symbols X and x. Hospitals have been identified with symbol X when a medical school has indicated that the hospital is a major unit in the school's teaching program. Hospitals have been identified with the symbol x when a medical school has indicated that the hospital is used to a limited extent in the school's teaching program. Certain internships in hospitals designated as teaching hospitals may not provide for assignments to teaching services. Other internships may provide for only a portion of the internship period being spent on teaching services. Prospective interns desiring specific information concerning internship assignments to teaching services in a hospital are advised to communicate with the dean of the medical school with which the hospital is affiliated. Medical school affiliations are indicated by footnotes 10 to 90 placed immediately after the symbol X or x. The list of medical schools appears on page 553. The plus (+) sign indicates additional approval for residencies in specialties, as shown in the Council's list of Approved Residencies and Fellowships. The beginning stipends for Federal hospitals have not been listed; they are established in accordance with government pay tables. When applying for internships in Air Force, Army, Navy, or Public Health Service hospitals, applications should be directed to the medical departments of the Air Force, Army, Navy, or the United States Public Health Service and not to the individual hospitals. Although applications are made to the service rather than to individual hospitals, all of the services ask students to list three hospitals in order of preference. Every possible effort is made to place successful candidates in accordance with their desires. Because of the needs of the service it should be understood that students may, in some instances, be assigned to other hospitals than those for which they have indicated a preference.

Hospitals listed below (pages 529 to 552) make first year internship appointments through the National Intern Matching Program, Inc. The number and type of internships as listed represent appointments for the intern year 1959-1960.

FEDERAL

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
UNITED STATES ARMY—Hospitals, 10; Internships, 178										
Letterman Army Hospital [1-4-5]x[15]..... Presidio, San Francisco	Fed	1,017	11,507	Req	93	12	No	...		
Fitzsimons Army Hospital [1-4-5]..... Denver 8	Fed	1,025	9,004	Req	92	12	No	...		
Walter Reed Army Hospital [1-4-5]x[19]..... (Army Medical Center) 6825 16th St., N. W., Washington 12, D. C.	Fed	1,250	13,827	Req	88	12	129	...		
U. S. Army Hospital [1-5]..... Fort Benning, Ga.	Fed	550	11,782	Req	90	12	No	...		
U. S. Army Hospital [1-5]..... Fort Bragg, N. C.	Fed	500	10,402	Req	48	12	No	...		
Valley Forge Army Hospital [1-2-4]..... Phoenixville, Pa.	Fed	900	6,184	Req	85	12	253	...		
William Beaumont Army Hospital [1-4-5]..... Hayes Ave., El Paso, Texas	Fed	600	14,376	Req	89	12	No	...	178 Rotating General	00411
									Office of the Surgeon General, Department of the Army Washington 25, D. C. Attn. Chief Personnel Division	
Brooke Army Hospital [1-4-5]..... Brooke Army Medical Center Fort Sam Houston, San Antonio, Texas	Fed	975	15,199	Req	91	12	No	...		
Madigan Army Hospital [1-4-5-x87]..... Fort Lewis, Tacoma 9, Wash.	Fed	500	11,477	Req	90	12	No	...		
Tripler Army Hospital [1-4-5]..... Moanalua Gardens, Honolulu, T. H.	Fed	1,300	20,232	Req	78	12	No	...		
UNITED STATES AIR FORCE—Hospitals, 1; Internships, 84										
U. S. Air Force Hospital [4]..... Lackland Air Force Base San Antonio, Texas	Fed	1,000	18,734	Req	63	12	No	...	84 Rotating General	00311
									Directorate of Staffing and Education, Office of the Surgeon General, Headquarters, U. S. Air Force, Washington 25, D. C.	
60 of the above 84 Air Force internships are divided among the Army hospitals listed above.										

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.

Abbreviations and other references will be found on pages 553 through 555.

FEDERAL—Continued

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
UNITED STATES NAVY—Hospitals, 14; Internships, 176										
U. S. Naval Hospital ◆¹⁻⁴⁻⁵ 8750 Mountain Blvd., Oakland 14, Calif.	Fed	1,325	14,387	Req	87	12	No	...		
U. S. Naval Hospital ¹⁻⁴ Camp Pendleton, Oceanside, Calif.	Fed	1,109	10,142	Req	86	12	No	...		
U. S. Naval Hospital ◆¹⁻⁴ Park Blvd., San Diego 34, Calif.	Fed	2,125	26,339	Req	86	12	No	...		
U. S. Naval Hospital Jacksonville 14, Fla.	Fed	487	7,556	Req	89	12	No	...		
U. S. Naval Hospital ¹ Pensacola, Fla.	Fed	462	6,581	Req	65	12	No	...		
U. S. Naval Hospital ◆¹⁻³⁻⁴ Great Lakes, Ill.	Fed	850	10,706	Req	86	12	No	...		
U. S. Naval Hospital ◆¹⁻³ Rockville Pike, Bethesda 14, Md.	Fed	1,041	12,551	Req	90	12	No	...	176 Rotating General	00211
U. S. Naval Hospital ◆¹⁻⁴-X20-J Chelsea 50, Mass.	Fed	625	3,170	Req	78	12	No	...	Bur. of Medicine and Surgery Navy Department Washington 25, D.C.	
U. S. Naval Hospital ◆¹⁻⁴ Linden Blvd., St. Albans 25, N. Y.	Fed	1,325	10,326	Req	73	12	No	...		
U. S. Naval Hospital ◆¹⁻³⁻⁴ 17th and Pattison Ave., Philadelphia 45	Fed	1,039	11,498	Req	69	12	No	...		
U. S. Naval Hospital ¹⁻³ 3rd and Cypress Sts., Newport, R. I.	Fed	525	7,114	Req	73	12	No	. .		
U. S. Naval Hospital ¹⁻³ Naval Base, Charleston, S. C.	Fed	250	5,182	Req	81	12	No	...		
U. S. Naval Hospital ◆¹⁻³⁻⁴ Portsmouth, Va.	Fed	1,600	21,566	Req	80	12	No	...		
U. S. Naval Hospital ¹⁻³ Naval Base, Bremerton, Wash.	Fed	300	4,727	Req	77	12	No	...		
UNITED STATES PUBLIC HEALTH SERVICE—Hospitals, 7; Internships, 88										
U. S. Public Health Service Hospital ◆¹⁻⁴⁻⁵ 15th Ave. and Lake St., San Francisco 18	Fed	440	4,255	Req	77	12	137	...		
U. S. Public Health Service Hospital ◆¹⁻³⁻⁴ 210 State St., New Orleans 18	Fed	400	5,223	Req	86	12	157	...	86 Rotating General	00111
U. S. Public Health Service Hospital ◆¹⁻³⁻⁴ Wyman Park Dr. and 31st St., Baltimore 11	Fed	306	4,863	Req	80	12	184	...	2 Mixed Med. Surg.	00124
U. S. Public Health Service Hospital ◆¹⁻³⁻⁴ 77 Warren St., Boston 35	Fed	248	3,110	Req	82	12	171	...	Public Health Service Hosp., Public Health Service, Department of Health, Education and Welfare Washington 25, D. C. Attn. Chairman Committee on Residents and Interns	
U. S. Public Health Service Hospital ◆¹⁻³⁻⁴ Bay St. and Vanderbilt Ave. Staten Island 4, N. Y.	Fed	788	8,809	Req	77	12	220	...		
U. S. Public Health Service Hospital ◆¹⁻⁴ Hampton Blvd., Norfolk 8, Va.	Fed	246	4,074	Req	69	12	279	...		
U. S. Public Health Service Hospital ◆¹⁻³⁻⁴-S-67 1131 14th Ave., S. Seattle 44	Fed	327	4,133	Req	85	12	284	...		
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—Hospitals, 2; Internships, 34										
Freedmen's Hospital ◆¹⁻³⁻⁴-X21 6th and Bryant Sts., N. W., Washington 25, D. C.	Fed	470	10,324	Req	56	12	No	258PM	22 Rotating General	70811
Saint Elizabeths Hospital ◆¹⁻³⁻⁴-X19-20 2900 Nichols Ave., S. E., Washington 20, D. C.	Fed	7,208	1,615	Req	58	12	128	258	12 Rotating General	80411
VETERANS ADMINISTRATION—Hospitals, 5; Internships, 65										
Veterans Administration Hospital ◆⁵-X12 Wilshire and Sawtelle Blvds., Los Angeles 25	Fed	2,025	1,203	None	79	12	109	...	24 Rotating General 6 Straight Medicine	02011 02022
Veterans Administration Hospital ◆¹⁻⁴-X24 5998 Peachtree Rd., N. E., Atlanta 19, Ga.	Fed	300	3,818	Req	70	12	134	...	7 Straight Medicine	11732
Veterans Administration Hospital ◆¹⁻⁴-X22 921 N. E. 13th St., Oklahoma City 4	Fed	488	5,621	None	78	12	246	...	4 Straight Medicine	58032
Veterans Administration Hospital ◆¹⁻⁴-X23 4500 S. Lancaster Rd., Dallas 2, Texas	Fed	410	5,471	Req	79	12	266	...	16 Straight Medicine	88732
Veterans Administration Hospital ◆⁴-X13 12th Ave. and E St., Salt Lake City 13	Fed	164	2,205	Req	87	12	274	...	3 Rotating General 5 Straight Medicine	73311 .....
NONFEDERAL										
ALABAMA—Hospitals, 8; Internships, 121										
Birmingham Baptist Hospitals ◆¹ 700 Tuscaloosa Ave., Birmingham 11	Church	340	13,754	Req	34	12	100	300FM	12 Rotating General	00311
Carraway Methodist Hospital ◆¹ 2500 16th Ave. N., Birmingham 4	Church	256	13,127	Req	34	12	No	300FM	9 Rotating General	00611
St. Vincent's Hospital ¹ 2701 9th Ct. S., Birmingham 5	Church	300	8,424	Req	31	12	100	225-250FM	8 Rotating General	85111
University Hospital and Hillman Clinic ◆¹⁻⁴-X10 619 S. 19th St., Birmingham 3	State	600	25,604	Req	52	12	101	100FM	36 Rotating General 12 Straight Medicine 6 Straight Pediatrics	00711 00732 00734
Lloyd Noland Hospital ◆¹⁻³ P. O. Box 538, Fairfield	NPCorp	310	10,344	Req	49	12	No	300FM	14 Rotating General	00811
Holy Name of Jesus Hospital ¹⁻³ Moragne Park, Gadsden	Church	140	6,264	None	44	12	No	300FM	4 Rotating General	00911
Mobile County Hospital ◆¹⁻³ 850 St. Anthony St., Mobile 16	CyCo	263	7,580	Req	50	12	No	300FM	15 Rotating General	85211
Druid City Hospital ¹⁻³ 809 Birmingham Rd., Tuscaloosa	CyCo	251	14,016	Req	30	12	No	300FM	5 Rotating General	92611

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.
Abbreviations and other references will be found on pages 553 through 555.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Hours (Month)	Number and Type of Internships	Code Number
ARIZONA—Hospitals, 5; Internships, 38										
Good Samaritan Hospital ◆¹ 1033 E. McDowell Rd., Phoenix	Church	315	17,089	Req	47	12	188	200PM	15 Rotating General	01111
Maricopa County General Hospital ◆¹⁻³ 3435 W. Durango St., Phoenix	County	430	7,942	Req	55	12	No	150PM	12 Rotating General	01611
St. Joseph's Hospital ◆¹⁻³ 350 W. Thomas Rd., Phoenix	Church	325	17,089	Req	57	12	No	150-200PM	12 Rotating General	01211
St. Mary's Hospital ◆¹⁻³ St. Mary's Rd., Tucson	Church	300	15,522	Req	44	12	102	150PM	9 Rotating General	01411
Tucson Medical Center ◆¹⁻³ E. Grant Rd. and Beverly Blvd., Tucson	NPCorp	231	10,889	Req	48	12	102	150PM	8 Rotating General	01511
ARKANSAS—Hospitals, 3; Internships, 32										
Arkansas Baptist Hospital ◆¹ 1700 W. 13th St., Little Rock	Church	361	17,182	None	27	12	No	275PM	16 Rotating General	01611
St. Vincent Infirmary ◆¹⁻³ Markham and Hayes Sts., Little Rock	Church	315	14,697	Req	37	12	103	275PM	12 Rotating General	01711
University Hospital ◆¹-X11 4301 W. Markham St., Little Rock	State	209	8,494	Req	46	12	307	130	8 Rotating General 4 Straight Medicine 3 Straight Surgery 3 Straight Pediatrics 2 Straight Pathology 4 Straight (Ob.-Gyn.) General Practice (See Residency Programs in General Practice)	01811 01832 01833 01834 01836 01835
CALIFORNIA—Hospitals, 43; Internships, 886										
General Hospital of Riverside County ◆¹-a12 9851 Magnolia Ave., Arlington	County	380	4,694	Req	41	12	No	214PM	10 Rotating General	85011
Herrick Memorial Hospital ◆¹⁻³ 2001 Dwight Way, Berkeley 4	NPCorp	253	8,160	Req	66	12	No	100PM	6 Rotating General	02011
San Joaquin General Hospital ◆¹ French Camp	County	650	7,518	Req	57	12	No	175PM	15 Rotating General	02111
General Hospital of Fresno County ◆¹⁻³ 4475 E. Ventura Ave., Fresno 2	County	693	9,097	Req	41	12	No	250PM	18 Rotating General	02211
Glendale Sanitarium and Hospital ◆¹ 1509 E. Wilson Ave., Glendale 6	Church	300	11,210	Req	55	12	No	300PM	9 Rotating General	02311
Loma Linda Sanitarium and Hospital ◆¹-a12 Loma Linda	Church	168	7,317	None	60	12	No	205PM	10 Rotating General	02411
St. Mary's Long Beach Hospital ◆¹⁻³ 500 E. 10th St., Long Beach 13	Church	272	18,154	Req	44	12	No	125-150PM	6 Rotating General	02611
Seaside Memorial Hospital ◆¹⁻³ 1401 Chestnut Ave., Long Beach 13	NPCorp	370	18,510	Req	30	12	106	110PM	15 Rotating General	02711
California Hospital ◆¹ 1414 S. Hope St., Los Angeles 15	Church	314	14,606	Req	44	12	105	200PM	8 Rotating General	02911
Cedars of Lebanon Hospital ◆¹⁻³ 4833 Fountain Ave., Los Angeles 29	NPCorp	478	16,219	Req	54	12	106	110PM	15 Rotating General	03011
Childrens Hospital ◆¹-a14 4614 Sunset Blvd., Los Angeles 27	NPCorp	218	8,427	Req	90	12	No	125PM	2 Straight Pediatrics	03134
Hospital of the Good Samaritan ◆¹⁻³ 1212 Shatto St., Los Angeles 17	Church	491	16,496	Req	38	12	107	200PM	8 Rotating General	03211
Los Angeles County Hospital (Medical Unit) ◆¹-X13-16-a13 1200 N. State St., Los Angeles 33	County	3,132	86,434	Req	38	12	No	160	144 Rotating General 8 Straight Medicine	03311 03327
Presbyterian Hospital-Olmsted Memorial ◆¹⁻³ 1322 N. Vermont Ave., Los Angeles 27	Church	286	11,529	Req	40	12	107	140PM	10 Rotating General	03511
Queen of Angels Hospital ◆¹⁻³ 2301 Belleview Ave., Los Angeles 26	Church	448	19,228	Req	48	12	No	225PM	16 Rotating General	03611
St. Vincent's Hospital ◆¹⁻³ 2131 W. 3rd St., Los Angeles 57	Church	300	11,061	None	38	12	No	250PM	6 Rotating General	03711
Santa Fe Coast Lines Hospital ◆ 610 St. Louis St., Los Angeles 23	NPCorp	196	5,300	Req	76	12	103	175PM	9 Rotating General	03811
University of California Hospital ◆¹-X13 10833 LeConte Ave., Los Angeles 24	NPCorp	320	7,665	Req	87	12	No	168	10 Straight Medicine 8 Straight Surgery 6 Straight Pediatrics 2 Straight Pathology	04632 05633 05634 05636
White Memorial Hospital ◆¹-X12 1720 Brooklyn Ave., Los Angeles 33	Church	243	10,341	Req	60	12	No	205PM	16 Rotating General	04011
Highland-Alameda County Hospital ◆¹⁻³⁻⁴ 2701 14th Ave., Oakland 6	County	450	14,507	Req	58	12	110	115PM	34 Rotating General	04111
Orange County General Hospital ◆¹-³-⁴ 101 Placentia Ave., Orange	County	578	5,812	Req	61	12	111	300	25 Rotating General	04311
Collis P. and Howard Huntington Memorial Hospital ◆¹⁻³ 100 Congress St., Pasadena 2	NPCorp	320	11,427	Req	51	12	112	250-300PM	9 Rotating General	04411
Sacramento County Hospital ◆¹-³ 2315 Stockton Blvd., Sacramento 17	County	717	13,058	Req	61	12	No	150PM	26 Rotating General	04611
San Bernardino County Charity Hospital ◆-a12 780 E. Gilbert St., San Bernardino	County	424	7,130	Req	60	12	No	130PM	14 Rotating General	04711
Mercy Hospital ◆¹⁻³ Hillcrest Dr., San Diego 3	Church	229	18,034	Req	51	12	No	150PM	12 Rotating General	04811
San Diego County General Hospital ◆¹ N. End of Front St., San Diego 3	County	780	8,687	Req	39	12	113	200PM	15 Rotating General	04911
Children's Hospital ◆¹-a16 3700 California St., San Francisco 18	NPCorp	237	9,351	Req	67	12	No	125PM	6 Rotating General	05011
Franklin Hospital ◆¹ 14th and Noe Sts., San Francisco 14	NPCorp	240	6,825	Req	32	12	No	150PM	8 Rotating General	05111
French Hospital ◆¹⁻³ 4131 Geary Blvd., San Francisco 18	NPCorp	198	7,041	Req	43	12	302	125PM	10 Rotating General	05211
Kaiser Foundation Hospital ◆¹⁻³ 2425 Geary Blvd., San Francisco 15	NPCorp	222	9,988	Req	78	12	No	190	16 Rotating General	95911

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.

Abbreviations and other references will be found on pages 543 through 556.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
CALIFORNIA—Continued										
Mary's Help Hospital ✱1-2 145 Guerrero St., San Francisco 3	Church	170	7,511	Req	46	12	No	125FM	6 Rotating General	05511
Mount Zion Hospital ✱1-2 1600 Divisadero St., San Francisco 15	NPCorp	306	11,480	Req	65	12	No	100FM	15 Rotating General	05411
St. Joseph's Hospital ✱1-2 Buena Vista Ave., San Francisco 17	Church	200	7,008	Req	34	12	No	150FM	6 Rotating General	05511
St. Luke's Hospital ✱1-2 1580 Valencia St., San Francisco 10	Church	225	9,812	Req	45	12	No	300FM	8 Rotating General 2 Straight Pathology	05611 05625
St. Mary's Hospital ✱1-2 2200 Hayes St., San Francisco 17	NPCorp	371	12,427	Req	61	12	No	100-150FM	15 Rotating General	05711
San Francisco Hospital ✱1-4-X18-48 1001 Potrero Ave., San Francisco 10	CyCo	1,132	19,189	Req	45	12	126	150		
Stanford University Service Office of the Dean Stanford University School of Medicine 2398 Sacramento St., San Francisco 15									30 Rotating General	05811
University of California Service Dr. Isidore Edelman San Francisco Hospital									30 Rotating General	05511
Southern Pacific General Hospital ✱1-2 1400 Fell St., San Francisco 17	NPCorp	450	6,715	Req	74	12	114	125FM	25 Rotating General	05011
Stanford University Hospitals ✱1-2-X18 Clay and Webster Sts., San Francisco 15	NPCorp	351	12,685	Req	70	12	115	75FM	7 Straight Medicine 7 Straight Surgery 1 Straight Pediatrics	05132 05133 05134
University of California Hospitals ✱1-2-X16 (Herbert C. Moffitt Hospital) Parnassus and 1st Aves., San Francisco 22 Dr. J. B. Saunders, Dean University of California School of Medicine, San Francisco 22	State	470	12,207	Req	85	12	115	185FM	20 Rotating General 12 Straight Medicine 12 Straight Surgery 5 Straight Pediatrics 3 Straight Pathology	05211 05222 05233 05234 05235
Santa Clara County Hospital ✱1-4-2 Los Gatos Rd., San Jose 28	County	425	6,184	Req	68	12	116	135FM	16 Rotating General	05311
Santa Barbara Cottage Hospital ✱1-2 320 W. Pueblo St., Santa Barbara	NPCorp	219	7,465	Req	67	12	138	175-200FM	10 Rotating General	05411
Santa Monica Hospital 1-2 1250 16th St., Santa Monica	Church	235	13,458	Req	48	12	117	200FM	8 Rotating General	05811
Harbor General Hospital ✱1-4-X13 1124 W. Carson St., Torrance	County	752	11,971	Req	52	12	No	160	36 Rotating General	05711
COLORADO—Hospitals, 12; Internships, 172										
Glockner-Penrose Hospital ✱1-2 2300 N. Tejon St., Colorado Springs	Church	175	5,459	Req	85	12	118	150FM	2 Rotating General	06811
General Rose Memorial Hospital ✱1-2 1050 Clermont St., Denver 20	NPCorp	250	11,722	Req	57	12	120	250FM	9 Rotating General	06911
Mercy Hospital ✱1-2 1619 Milwaukee St., Denver 6	Church	250	10,688	Req	69	12	No	150FM	9 Rotating General	92211
Porter Sanitarium and Hospital ✱1-2 2525 S. Downing St., Denver 10	Church	205	8,899	Req	59	12	No	150FM	10 Rotating General	07111
Presbyterian Hospital ✱1-2 19th Ave. and Gilpin St., Denver 18	Church	198	8,880	Req	79	12	121	150FM	9 Rotating General	07211
St. Anthony Hospital ✱1-2 W. 16th and Quitman Sts., Denver 4	Church	258	13,880	Req	59	12	121	250	9 Rotating General	07311
St. Joseph's Hospital ✱1-2 1835 Humboldt St., Denver 18	Church	372	16,476	Req	55	12	122	150FM	14 Rotating General	07411
St. Luke's Hospital ✱2 601 E. 19th Ave., Denver 2	Church	442	18,368	Req	61	12	121	215PM	14 Rotating General	07511
University of Colorado Medical Center Colorado General Hospital ✱1-4-X17 4200 E. 9th Ave., Denver 20	State	284	6,984	Req	80	12	119	165PM	24 Rotating General 18 Community Rot.	07611 07610
Denver General Hospital ✱1-2-4-X17 W. 6th Ave. and Cherokee St., Denver 4	CyCo	444	8,523	Req	54	12	119	165PM	24 Rotating General 16 Community Rot.	07711 07610
Weld County General Hospital ✱1 1801 16th St., Greeley	County	220	7,615	Req	56	12	No	100FM	4 Rotating General	83211
St. Mary-Corwin Hospital ✱1 1008 Minnequa, Pueblo, Colo.	Church	450	12,794	Req	31	12	No	210PM	8 Rotating General	07811
CONNECTICUT—Hospitals, 21; Internships, 223										
Bridgeport Hospital ✱1-2 267 Grant St., Bridgeport 10	NPCorp	388	15,686	Req	42	12	No	190FM	14 Rotating General	07911
St. Vincent's Hospital ✱1-2 2800 Main St., Bridgeport 6	Church	308	16,433	Req	40	12	No	250	15 Rotating General	08011
Bristol Hospital 1-2 Newell Rd., Bristol	NPCorp	160	7,313	Req	49	12	No	150FM	5 Rotating General	92311
Danbury Hospital ✱1-2 95 Locust Ave., Danbury	NPCorp	171	7,065	Req	44	12	No	200FM	7 Rotating General	08111
Griffin Hospital 1-2 Seymour Ave. and Division St., Derby	NPCorp	150	6,017	Req	45	12	123	200FM	7 Rotating General	97711
Greenwich Hospital ✱1-2 Perryridge Rd., Greenwich	NPCorp	245	8,168	Req	77	12	124	160FM	9 Rotating General	08211
Hartford Hospital ✱1-2-5 80 Seymour St., Hartford 15	NPCorp	804	29,698	Req	70	24	200	50FM	18 Rotating General	08311
Hartford Municipal Hospital and Health Center ✱1-2 80 Holcomb St., Hartford 5	City	156	4,345	Req	37	12	No	200FM	9 Rotating General	08411
Mount Sinai Hospital 1-2 500 Blue Hills Ave., Hartford 12	NPCorp	115	5,701	Req	53	12	No	200FM	6 Rotating General	85411
St. Francis Hospital ✱1-2-4 114 Woodland St., Hartford 5	Church	578	20,365	Req	12	12	No	150-225FM	13 Rotating General	08511
Manchester Memorial Hospital 1-2 71 Haynes St., Manchester	NPCorp	186	8,567	Req	53	12	125	245-300PM	4 Rotating General	85511
Meriden Hospital ✱1-2 181 Cook Ave., Meriden	NPCorp	215	8,727	Req	46	12	No	150FM	5 Rotating General	08611

Hospitals designated with an asterisk (✱) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations. Abbreviations and other references will be found on pages 533 through 535.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
CONNECTICUT—Continued										
Middlesex Hospital ♦[1-2] 28 Crescent St., Middletown	NPCorp	168	7,721	None	50	12	No	150FM	6 Rotating General	08711
New Britain General Hospital ♦[1-2] 92 Grand St., New Britain	NPCorp	288	10,945	Req	63	12	No	183FM	8 Rotating General	08811
Grace-New Haven Community Hosp. ♦[1-2-4]-X18 789 Howard Ave., New Haven 4	NPCorp	662	21,102	Req	64	12	183	115FM	18 Straight Medicine 15 Straight Surgery 7 Straight Pediatrics 7 Straight Pathology	08682 08683 08684 08685
Hospital of St. Raphael ♦[2-4] 1450 Chapel St., New Haven 11	Church	370	13,127	Req	36	12	No	125-205FM	15 Rotating General	08911
Lawrence and Memorial Hospitals ♦[1-2] 365 Montauk Ave., New London	NPCorp	224	10,508	Req	56	12	No	200FM	3 Rotating General	09211
Norwalk Hospital ♦[1-2] 24 Stevens St., Norwalk	NPCorp	302	12,019	Req	50	12	No	160FM	6 Rotating General	08811
Stamford Hospital ♦[1-2] 196 W. Broad St., Stamford	NPCorp	296	10,625	Req	64	12	No	160FM	10 Rotating General	08611
St. Mary's Hospital ♦[1-2-4] 56 Franklin St., Waterbury 6	Church	345	13,277	Req	40	12	No	200FM	7 Rotating General	08811
Waterbury Hospital ♦[1-4] 64 Robbins St., Waterbury 8	NPCorp	374	15,723	Req	59	12	No	200FM	9 Rotating General	09711
DELAWARE—Hospitals, 3; Internships, 34										
Delaware Hospital ♦[1-2-4] 501 W. 14th St., Wilmington 1	NPCorp	380	13,742	Req	68	12	No	190-200FM	16 Rotating General	08811
Memorial Hospital ♦[1-2-4]-X20 1301 N. Van Buren St., Wilmington 6	NPCorp	314	9,906	Req	51	12	No	190FM	12 Rotating General	08911
Wilmington General Hospital ♦[1-2] Chestnut at Broom St., Wilmington 5	NPCorp	187	7,267	Req	53	12	No	190-200FM	6 Rotating General	10911
DISTRICT OF COLUMBIA—Hospitals, 8; Internships, 168										
District of Columbia General Hospital ♦[1-2-4]-X19-20-x21 19th and E Sts. S.E., Washington 3, D. C.	City	1,083	23,671	Req	58	12	No	208	52 Rotating General	79911
Doctors Hospital ♦[1-2] 1815 Kye St., N.W., Washington 6	Corp	235	9,410	Req	69	12	127	150PM	8 Rotating General	79711
Georgetown University Hospital ♦[1-2]-X19 3800 Reservoir Rd., N.W., Washington 7	Church	383	13,106	Req	75	12	139	150-170PM	8 Straight Medicine 6 Mixed (Med.-Surg.)	80132 80134
George Washington University Hospital ♦[1-2]-X19 901 23rd St., N.W., Washington 7	NPCorp	407	16,503	Req	68	12	128	125PM	13 Rot. (Med.-Maj.) 11 Rot. (Surg.-Maj.) 2 Rot. (Path.-Maj.)	80212 80213 80286
Providence Hospital ♦[2-4] 1150 Varnum St., N.E., Washington 17	Church	350	15,738	Req	61	12	No	200	18 Rotating General	80811
Sibley Memorial Hospital ♦[1-2] 1150 N. Capitol St., Washington 2	Church	254	10,270	None	48	12	127	160FM	10 Rotating General	80511
Washington Hospital Center ♦[1-2-4] (Central Dispensary and Emergency Hospital and Garfield Memorial Hospital) 1st St. and Michigan Ave., N.W., Washington 11	NPCorp	594	20,183	Req	63	12	127	200FM	30 Rotating General	80911
Washington Sanitarium and Hospital [1-2] 7600 Carroll Ave., Washington 12	Church	220	9,281	Req	47	12	130	225PM	10 Rotating General	25411
FLORIDA—Hospitals, 13; Internships, 216										
Baptist Memorial Hospital ♦[1-2] 800 Miami Rd., Jacksonville 7	Church	272	11,071	Req	51	12	No	200	12 Rotating General	97011
Duval Medical Center ♦[1-2] 3000 Jefferson St., Jacksonville 8	County	335	8,371	Req	51	12	No	125FM	18 Rotating General	10111
St. Luke's Hospital ♦[1] 8th St. and Boulevard, Jacksonville 8	NPCorp	225	10,738	Req	30	12	131	275PM	4 Rotating General	10211
St. Vincent's Hospital ♦[2] Barrs and St. Johns Ave., Jacksonville 4	Church	296	16,018	Req	49	12	No	200PM	18 Rotating General	10811
Jackson Memorial Hospital ♦[1-4]-X23 1700 N.W. 10th Ave., Miami 36	County	859	29,645	Req	45	12	132	100FM	70 Rotating General 10 Straight Medicine	10411 10422
Mount Sinai Hospital of Greater Miami ♦[1-2] 4300 Alton Rd., Miami Beach 40	NPCorp	258	9,810	Req	51	12	132	150FM	18 Rotating General	10511
St. Francis Hospital ♦[1-2] 250 W. 63rd St., Miami Beach 41	Church	250	8,968	Req	28	12	132	135FM	8 Rotating General	10611
Orange Memorial Hospital ♦[1] 1416 S. Kuhl Ave., Orlando	NPCorp	400	16,223	None	40	12	No	200	12 Rotating General	10711
Sacred Heart Hospital ♦[1-2] 1010 N. 12th Ave., Pensacola	Church	145	7,166	Req	47	12	140	200FM	3 Rotating General	10811
Mound Park Hospital ♦[1] 7th St. and 6th Ave. S., St. Petersburg 5	City	409	14,349	Req	31	12	142	200PM	12 Rotating General	91111
Tampa General Hospital ♦[1] Davis Islands, Tampa 6	City	300	15,291	Req	44	12	141	200FM	22 Rotating General	10911
Good Samaritan Hospital [1] 1309 N. Dixie Hwy., West Palm Beach	NPCorp	220	8,340	Req	26	12	133	200PM	5 Rotating General	98411
St. Mary's Hospital [1] 900 49th St., West Palm Beach	Church	200	7,383	Req	42	12	No	200PM	4 Rotating General	91411
GEORGIA—Hospitals, 15; Internships, 220										
Athens General Hospital [1] 797 Cobb St., Athens	County	149	5,566	Req	25	12	No	275	6 Rotating General	83611
*St. Mary's Hospital [1] 350 N. Milledge Ave., Athens	Church	100	4,364	Req	43	12	No	200FM	4 Rotating General	.....
Crawford W. Long Memorial Hospital ♦[1-2] 35 Linden Ave., N.E., Atlanta 3	Church	514	21,966	Req	42	12	134	275	18 Rotating General	11111
Georgia Baptist Hospital ♦[1] 300 Boulevard, N.E., Atlanta 12	Church	475	23,165	Req	53	12	No	280	20 Rotating General	11211

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.
Abbreviations and other references will be found on pages 533 through 535.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
GEORGIA—Continued										
Grady Memorial Hospital ◆[1-3]-X24 80 Butler St., S.E., Atlanta 3	County	678	30,042	Req	45	12	No	75FM	30 Rotating General 16 Straight Medicine 12 Straight Surgery 4 Straight Pediatrics	11311 11332 11333 11334
Piedmont Hospital ◆[1-3] 1968 Peachtree Rd., N.W., Atlanta 9	NPCorp	213	10,329	Req	56	12	134	225FM	10 Rotating General	11411
St. Joseph's Infirmary ◆[1-3] 265 Ivy St., N.E., Atlanta 3	Church	283	13,343	Req	58	12	No	255FM	12 Rotating General	11511
*Eugene Talmadge Memorial Hospital ◆[1-3]-X25 1120 15th St., Augusta	State	300	2,734	Req	77	12	135	175	4 Straight Medicine	.....
University Hospital *-X25 University Pl., Augusta	City	421	13,499	Req	38	12	No	165FM	18 Rotating General	11611
Medical Center ◆[1-3] 700 9th St., Columbus	City	300	10,467	Req	30	12	No	200FM	12 Rotating General	11811
Emory University Hospital ◆[1-3]-X24 Emory University	NPCorp	311	10,883	Req	60	12	No	225FM	8 Straight Medicine 6 Straight Surgery 2 Straight Pathology	11902 11903 11906
Macon Hospital ◆[1] 777 Hemlock St., Macon	CyCo	415	15,853	Req	30	12	No	200FM	24 Rotating General	12011
Kennestone Hospital [1-3] 1297 Church St., Marietta	City	151	10,728	Req	40	12	No	175FM	10 Rotating General	98611
Floyd Hospital Turner and McCall Blvd., Rome	County	190	11,237	Req	30	12	No	250FM	4 Rotating General	98211
Memorial Hospital of Chatham County ◆[1-3] 68rd St. and Waters Ave., Savannah	Dist	300	6,385	Req	61	12	No	250FM	10 Rotating General	97111
ILLINOIS—Hospitals, 32; Internships, 319										
MacNeal Memorial Hospital ◆[1-3] 3249 S. Oak Park Ave., Berwyn	NPCorp	276	10,365	None	45	12	No	100-225FM	12 Rotating General	12111
St. Francis Hospital [1-3] 12968 S. Gregory St., Blue Island	Church	160	7,298	Req	53	12	No	175FM	6 Rotating General	98211
American Hospital ◆[1-3] 850 W. Irving Park Rd., Chicago 13	NPCorp	158	5,470	Req	61	12	No	50FM	5 Rotating General	12311
Augustana Hospital ◆[1-3] 411 W. Dickens Ave., Chicago 14	Church	320	9,201	Req	52	12	No	100FM	12 Rotating General	12411
Chicago Wesley Memorial Hospital ◆[1-3]-X17 250 E. Superior St., Chicago 11	Church	568	16,964	None	67	12	144	100FM	24 Rotating General	16211
Columbus Hospital ◆[1] 2520 N. Lakeview Ave., Chicago 14	Church	339	11,490	Req	56	12	145	75FM	20 Rotating General	12611
Cook County Hospital ◆[1-3]-X12-17-23-30 1825 W. Harrison St., Chicago 12	County	3,200	70,223	Req	33	12	No	110FM	138 Rotating General	12711
Edgewater Hospital ◆[1-3] 5700 N. Ashland Ave., Chicago 26	NPCorp	250	11,788	Req	34	12	No	100FM	16 Rotating General	12811
Englewood Hospital ◆[1] 6001 S. Green St., Chicago 21	NPCorp	154	6,629	None	44	12	No	150FM	6 Rotating General	12911
Evangelical Hospital [1-3] 5421 S. Morgan St., Chicago 9	Church	165	8,251	Req	29	12	No	150FM	7 Rotating General	13011
Grant Hospital ◆[1-3] 551 W. Grant Pl., Chicago 14	NPCorp	258	8,830	Req	47	12	144	200FM	9 Rotating General	13211
Hospital of St. Anthony De Padua ◆[1-3] 2875 W. 19th St., Chicago 23	Church	217	7,910	Req	36	12	No	200FM	8 Rotating General	13511
Illinois Central Hospital ◆[1-3]-X30 5900 Stony Island Ave., Chicago 37	NPCorp	306	7,683	Req	56	12	148	211FM	14 Rotating General	13611
Illinois Masonic Hospital ◆[1-3] 836 Wellington Ave., Chicago 14	NPCorp	360	12,950	Req	48	12	No	100FM	12 Rotating General	13711
Jackson Park Hospital ◆[1-3] 7531 Stony Island Ave., Chicago 49	Corp	146	4,113	None	34	12	No	150FM	8 Rotating General	13811
Loretto Hospital ◆[1-3]-X30 645 S. Central Ave., Chicago 44	Church	150	5,332	Req	57	12	No	150FM	7 Rotating General	13911
Lutheran Deaconess Home and Hospital ◆[1] 1138 N. Leavitt St., Chicago 22	Church	186	6,533	Req	35	12	No	150FM	6 Rotating General	14011
Mercy Hospital ◆[1-3]-X29 2537 S. Prairie Ave., Chicago 16	Church	356	8,982	Req	52	12	No	200FM	15 Rotating General	14111
Michael Reese Hospital ◆[1-3]-X25-27 2929 S. Ellis Ave., Chicago 16	NPCorp	844	20,730	Req	62	12	No	100FM	41 Rotating General 2 Straight Medicine 1 Straight Surgery 1 Straight Pediatrics 1 Straight Pathology	14211 14232 14233 14234 14236
Mount Sinai Hospital ◆[1-3]-X28 2750 W. 15th Pl., Chicago 8	NPCorp	373	12,223	Req	41	12	No	125-175	14 Rotating General	14411
Norwegian American Hospital ◆[1-3] 1044 N. Francisco Ave., Chicago 22	NPCorp	171	6,856	Req	56	12	No	200FM	10 Rotating General	14511
Passavant Memorial Hospital ◆[1-3]-X17 303 E. Superior St., Chicago 11	NPCorp	382	8,277	None	76	12	144	100FM	18 Rotating General	14611
Presbyterian-St. Luke's Hospital ◆[1-3]-X30 (Presbyterian Hospital Division) 1753 W. Congress St., Chicago 12	Church	486	12,280	Req	71	12	No	100FM	24 Rotating General	14711
Presbyterian-St. Luke's Hospital ◆[1-3]-X30 (St. Luke's Hospital Division) 1439 S. Michigan Ave., Chicago 5	NPCorp	540	13,955	Req	75	12	No	100FM	32 Rotating General	13611
Provident Hospital ◆[1-3] 426 E. 51st St., Chicago 15	NPCorp	205	7,168	Req	42	12	No	175FM	9 Rotating General 1 Straight Surgery	14811 14833
Ravenswood Hospital ◆[1-3] 1931 W. Wilson Ave., Chicago 40	NPCorp	213	8,306	None	68	12	No	100FM	8 Rotating General	14911
Resurrection Hospital [1] 7435 W. Talcott Ave., Chicago 31	Church	188	8,804	Req	65	12	No	250FM	9 Rotating General	98711
St. Anne's Hospital ◆[1-3] 4950 W. Thomas St., Chicago 51	Church	322	12,975	Req	44	12	149	200FM	12 Rotating General	15211
St. Bernard's Hospital [1-3] 6337 S. Harvard Ave., Chicago 21	Church	181	6,044	Req	32	12	No	165FM	8 Rotating General	15311
St. Elizabeth Hospital ◆[1] 1431 N. Claremont Ave., Chicago 22	Church	273	10,355	None	38	12	No	200FM	10 Rotating General	15411

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.
Abbreviations and other references will be found on pages 533 through 555.

19
V.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
ILLINOIS—Continued										
St. Joseph Hospital [1-4-X25] 2100 N. Burling St., Chicago 14	Church	197	6,582	Req	61	12	No	200FM	8 Rotating General	15511
St. Mary of Nazareth Hospital [1-4] 1130 N. Leavitt St., Chicago 22	Church	270	8,702	Req	40	12	No	200FM	10 Rotating General	15711
South Chicago Community Hospital [4] 2320 E. 93rd St., Chicago 17	NPCorp	250	10,577	Req	34	12	No	150-200FM	10 Rotating General	15811
South Shore Hospital [1-3] 8015 S. Luella Ave., Chicago 17	NPCorp	175	7,121	Req	33	12	No	150FM	7 Rotating General	92511
Swedish Covenant Hospital [1-3] 5145 N. California Ave., Chicago 25	Church	225	6,831	Req	40	12	No	200-220FM	8 Rotating General	15911
University of Chicago Clinics [1-2-4-X29] 950 E. 59th St., Chicago 37	NPCorp	700	16,741	Req	80	12	No	150FM	36 Rotating General 1 Straight Pediatrics	16011 16004
University of Illinois Research and Educational Hospitals [1-4-X29] 840 S. Wood St., Chicago 12	State	617	10,923	Req	89	12	No	65FM	36 Rotating General	15611
Woodlawn Hospital [1-3] 6630 Drexel Ave., Chicago 37	NPCorp	150	4,382	Req	67	12	No	150FM	6 Rotating General	16411
Decatur and Macon County Hospital [4] 250 N. Edward St., Decatur	NPCorp	330	13,126	Req	30	12	No	225FM	8 Rotating General	85711
St. Mary's Hospital [1-3] 129 E. 8th St., East St. Louis	Church	339	11,924	Req	25	12	No	150FM	12 Rotating General	16511
Memorial Hospital of Du Page County [1-4] 180 S. Wood St., Chicago 12	NPCorp	195	10,451	Req	40	12	No	200FM	9 Rotating General	16611
Evanston Hospital [1-4-X17] 2650 Ridge Ave., Evanston	NPCorp	321	11,628	None	80	12	144	200FM	20 Rotating General	16711
St. Francis Hospital [1] 355 Ridge Ave., Evanston	Church	336	15,089	Req	62	12	No	200FM	12 Rotating General	16811
Little Company of Mary Hospital [1-3] 2800 W. 95th St., Evergreen Park 42	Church	463	19,237	Req	41	12	No	150FM	24 Rotating General	16911
Hinsdale Sanitarium and Hospital [1-3] 120 N. Oak St., Hinsdale	Church	156	6,926	Req	43	12	No	300FM	6 Rotating General	99811
Oak Park Hospital [1-3] 525 Wisconsin Ave., Oak Park	Church	242	9,223	Req	53	12	No	200-250FM	12 Rotating General	17211
West Suburban Hospital [4] 518 N. Austin Blvd., Oak Park	NPCorp	329	12,719	Req	49	12	No	200FM	12 Rotating General	17311
Methodist Hospital of Central Illinois [4] 221 N. Glen Oak Ave., Peoria	Church	347	13,298	Req	49	12	No	125FM	16 Rotating General	17411
St. Francis Hospital [1] 530 N. Glen Oak Ave., Peoria	Church	644	20,240	Req	62	12	No	200FM	18 Rotating General	17511
Rockford Memorial Hospital [1-3] 2400 N. Rockton Ave., Rockford	NPCorp	240	10,480	Req	74	12	No	150FM	8 Rotating General	17711
St. Anthony Hospital [1-3] 1401 E. State St., Rockford	Church	221	9,078	None	48	12	No	150FM	6 Rotating General	17811
Swedish-American Hospital [1] 1316 Charles St., Rockford	NPCorp	230	9,540	Req	52	12	No	150FM	8 Rotating General	17911
INDIANA—Hospitals, 14; Internships, 189										
St. Catherine Hospital [1-3] 4321 Fir St., East Chicago	Church	319	12,149	None	47	12	No	250FM	7 Rotating General	18111
St. Mary's Hospital [1] 3700 Washington Ave., Evansville 15	Church	340	11,842	Req	43	12	No	250FM	8 Rotating General	94111
Lutheran Hospital [1] 3024 Fairfield Ave., Fort Wayne 6	Church	338	9,163	Req	24	12	No	250FM	6 Rotating General	18311
St. Joseph's Hospital [1-3] 730 W. Berry St., Fort Wayne 2	Church	292	9,544	Req	34	12	No	200-250FM	6 Rotating General	90411
Methodist Hospital [1-3] 1600 W. 6th Ave., Gary	Church	242	13,120	None	46	12	No	250FM	16 Rotating General	86011
St. Mary Mercy Hospital [1-3] 540 Tyler St., Gary	Church	282	12,814	Req	44	12	No	250FM	8 Rotating General	18411
St. Margaret Hospital 25 Douglas St., Hammond	Church	375	14,975	None	30	12	No	300FM	12 Rotating General	18511
Indianapolis General Hospital [1-3-4-X31] 980 Locke St., Indianapolis 7	CyCo	640	12,192	Req	50	12	No	200FM	42 Rotating General	18611
Indiana University Medical Center [1-4] 1100 W. Michigan St., Indianapolis 7	State	535	11,978	None	69	12	150	115FM	36 Rotating General 4 Straight Surgery	18711 18733
Methodist Hospital [1] 1604 N. Capitol Ave., Indianapolis 7	Church	671	27,885	Req	41	12	No	215FM	20 Rotating General	18811
St. Vincent's Hospital [1-3] 120 W. Fall Creek Pkwy., Indianapolis 7	Church	300	12,410	Req	41	12	No	210FM	10 Rotating General	18911
Ball Memorial Hospital [1] 2401 University Ave., Muncie	NPCorp	300	11,657	Req	43	12	No	250FM	8 Rotating General	19211
Memorial Hospital [1] 604 N. Main St., South Bend 1	NPCorp	225	9,821	Req	44	12	No	250FM	8 Rotating General	19311
St. Joseph's Hospital [1-3] 401 N. Notre Dame Ave., South Bend 22	Church	183	7,413	Req	38	12	150	250FM	8 Rotating General	19411
IOWA—Hospitals, 6; Internships, 87										
Mercy Hospital [1-3] 835 6th Ave. S.E., Cedar Rapids	Church	222	9,048	Req	50	12	No	250FM	8 Rotating General	19611
St. Luke's Methodist Hospital [1-3] 1026 A Ave., N.E., Cedar Rapids	Church	316	12,917	Req	52	12	No	250FM	12 Rotating General	19711
Mercy Hospital [3] 420 E. Washington Ave., Council Bluffs	Church	171	6,369	Req	30	12	No	300FM	8 Rotating General	19811
Broadlawns Polk County Hospital [1] 18th and Hickman Rd., Des Moines 14	County	237	5,460	Req	57	12	No	200FM	12 Rotating General	19911
Iowa Lutheran Hospital [1-3] 716 Parnell Ave., Des Moines 16	Church	205	8,574	Req	31	12	151	175FM	10 Rotating General	20011
Iowa Methodist Hospital [1-3] 1200 Pleasant St., Des Moines 14	Church	355	16,571	Req	58	12	No	200FM	10 Rotating General	20111
Mercy Hospital [1-3] 4th and Ascension Sts., Des Moines 14	Church	300	11,375	Req	61	12	152	225FM	12 Rotating General	20211
State University of Iowa Hospitals [1-4-X32] Newton Rd., Iowa City	State	902	21,761	Req	72	12	No	155FM	20 Rotating General	20311

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.
Abbreviations and other references will be found on pages 553 through 555.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
KANSAS—Hospitals, 6; Internships, 55										
Bethany Hospital [1-2] 31 N. 12th St., Kansas City 7	Church	159	6,878	None	37	12	153	200PM	8 Rotating General	20511
St. Margaret's Hospital [*1] 8th St. and Vermont Ave., Kansas City 8	Church	215	7,876	Req	46	12	No	225PM	6 Rotating General	20711
University of Kansas Medical Center [*1-2-4-X39] 39th and Rainbow Blvd., Kansas City 3	State	584	13,536	None	71	12	169	40PM	12 Rotating General 1 Straight Medicine 1 Straight Surgery 3 Straight Pediatrics 1 Straight Pathology 5 Mixed (Med.-Surg.-Ped.) 1 (Mixed Path.-Med.) 1 Mixed Path.-Surg.)	20811 20825 20835 20854 20836 20823 20827 20866
St. Francis Hospital [*1-2] 928 N. Emporia Ave., Wichita 5	Church	505	20,450	None	43	12	200	225PM	24 Rotating General	20911
Wesley Hospital [*1-2] 550 N. Hillside Ave., Wichita 6	Church	457	18,826	Req	42	12	154	200PM	18 Rotating General	21011
Wichita-St. Joseph Hospital [*1-2] 3600 E. Grand Ave., Wichita 17	Church	375	15,220	Req	35	12	155	150PM	12 Rotating General	21111
KENTUCKY—Hospitals, 7; Internships, 98										
St. Elizabeth Hospital [*1-2] 21st and Eastern Ave., Covington	Church	365	12,966	Req	34	12	No	200FM	12 Rotating General	21211
Good Samaritan Hospital [*1-2] 310 S. Limestone St., Lexington	Church	270	10,089	Req	42	12	No	150FM	11 Rotating General	21411
St. Joseph Hospital [*1-2] 544 W. 2nd St., Lexington	Church	243	9,184	Req	31	12	No	200FM	8 Rotating General	21511
Louisville General Hospital [*1-2-4-X34] 323 E. Chestnut St., Louisville 2	CyCo	386	10,800	Req	48	12	218	70FM	22 Rotating General 8 Straight Medicine 16 Straight Pediatrics	21711 21732 21734
St. Anthony Hospital [*1-2] 1313 St. Anthony Pl., Louisville 4	Church	235	10,772	None	20	12	No	200FM	5 Rotating General	21911
St. Joseph Infirmary [*1] 735 Eastern Pkwy., Louisville 17	Church	440	20,054	Req	37	12	No	200FM	18 Rotating General	22011
SS. Mary and Elizabeth Hospital [*] 1367 S. 12th St., Louisville 10	Church	177	9,895	Req	33	12	156	200FM	4 Rotating General	22111
LOUISIANA—Hospitals, 9; Internships, 261										
Charity Hospital of Louisiana [*1-2-4-X35-36] 1532 Tulane Ave., New Orleans 12	State	2,860	62,256	Req	66	12	No	75FM	130 Rotating General	22411
Hotel Dieu [*1-2] 2004 Tulane Ave., New Orleans 16	Church	291	13,571	Req	25	12	No	150FM	12 Rotating General	22511
Mercy Hospital [*] 301 N. Jefferson Davis Pkwy., New Orleans 19	Church	191	10,956	Req	34	12	No	175FM	9 Rotating General	22611
Ochsner Foundation Hospital [*1-2] 1516 Jefferson Hwy., New Orleans 21	NPCorp	253	8,231	None	78	12	No	125FM	4 Straight Medicine	96632
Southern Baptist Hospital [*1-2] 2700 Napoleon Ave., New Orleans 15	Church	436	19,757	Req	39	12	No	175PM	20 Rotating General	22811
Touro Infirmary [*1-2-4-X38] 3536 Prytania St., New Orleans 15	NPCorp	457	21,956	Req	52	12	No	100FM	20 Rotating General	22911
Confederate Memorial Medical Center [*1-2] 1541 Kings Hwy., Shreveport	State	948	23,158	Req	33	12	No	100FM	36 Rotating General	23211
North Louisiana Sanitarium [*] 1130 Louisiana Ave., Shreveport 7	Corp	120	4,863	Req	46	12	158	250FM	3 Rotating General	23011
T. E. Schumpert Memorial Sanitarium [*2] 941 Margaret Pl., Shreveport 15	Church	107	7,187	Req	37	12	No	250PM	7 Rotating General	23111
MAINE—Hospitals, 4; Internships, 28										
Eastern Maine General Hospital [*1] 489 State St., Bangor	NPCorp	297	9,836	Req	46	12	No	100FM	8 Rotating General	23311
*Central Maine General Hospital [*1-2] 300 Main St., Lewiston	NPCorp	220	7,291	Req	51	12	No	100FM	4 Rotating General	.....
St. Mary's General Hospital [*2] 318 Sabattus St., Lewiston	Church	150	4,565	Req	24	12	No	120FM	4 Rotating General	23511
Maine Medical Center [*1-5] 22 Bramhall St., Portland 4	NPCorp	460	12,347	Req	37	12	No	100FM	12 Rotating General	23611
MARYLAND—Hospitals, 19; Internships, 385										
Baltimore City Hospitals [*1-2-4-X37-X38] 4940 Eastern Ave., Baltimore 24	City	1,140	12,900	Req	66	12	217	50FM	12 Rotating General 9 Straight Medicine 6 Straight Surgery 3 Straight Pediatrics 1 Straight Pathology 2 Mixed (Med.-Ped.) 2 Mixed (Ped.-Med.)	23711 23732 23733 23734 23736 23753 23754
Bon Secours Hospital [*2] 2025 W. Fayette St., Baltimore 23	Church	169	7,635	Req	39	12	No	225FM	6 Rotating General	23811
Church Home and Hospital [*1-2] Broadway and Fairmount Aves., Baltimore 31	Church	183	6,084	Req	57	12	161	175FM	8 Rotating General 1 Straight Medicine	23911 23932
Franklin Square Hospital [*1-2] 110 N. Calhoun St., Baltimore 23	NPCorp	174	6,768	Req	71	12	162	200FM	12 Rotating General	24011
Hospital for Women [*1-2] Lafayette Ave. and John St., Baltimore 17	NPCorp	153	7,339	Req	48	12	185	200FM	5 Mixed (Med.-Ob.-Gyn.)	24109
Johns Hopkins Hospital [*1-2-4-X37] 601 N. Broadway, Baltimore 5	NPCorp	991	23,709	Req	70	12	185	25FM	15 Straight Medicine 11 Straight Medicine (Private Wards) 7 Straight Ob.-Gyn. 19 Straight Surgery 12 Straight Pediatrics 3 Straight Pathology	24222 24228 24225 24233 24234 24236

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.

Abbreviations and other references will be found on pages 553 through 555.

195
V. 1

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Month (Month)	Number and Type of Internships	Code Number
MARYLAND—Continued										
Lutheran Hospital [1-2-3]..... 720 Ashburton St., Baltimore 16	Church	191	7,857	Req	46	12	184	200FM	10 Rotating General	24311
Maryland General Hospital [1-2-3]X30..... Linden Ave. and Madison St., Baltimore 1	Church	387	8,747	Req	54	12	No	200FM	14 Rotating General	24411
Mercy Hospital [1-2-3-4]X30..... Calvert and Saratoga Sts., Baltimore 2	Church	300	12,607	Req	40	12	No	225FM	16 Rotating General	24511
Provident Hospital and Free Dispensary [1-2-3-4] 1514 Division St., Baltimore 17	NPCorp	137	4,903	Req	38	12	No	175FM	9 Rotating General	24611
St. Agnes Hospital [1-2]..... 1000 Caton Ave., Baltimore 29	Church	217	8,612	Req	45	12	184	250FM	9 Rotating General	24711
St. Joseph's Hospital [2]..... 1400 N. Caroline St., Baltimore 13	Church	241	8,020	Req	45	12	184	200FM	8 Rotating General	24811
Sinai Hospital [1-2-3-4]..... 1714 E. Monument St., Baltimore 5	NPCorp	308	12,987	Req	45	12	No	100FM	2 Rotating General 5 Rot. (Med. Major) 1 Rot. (Ped. Major) 4 Rot. (Surg. Major) 4 Straight Medicine 1 Straight Pediatrics 2 Straight Surgery	24911 24912 24914 24913 24992 24994 24993
South Baltimore General Hospital [1-2]..... 1213 Light St., Baltimore 30	NPCorp	184	6,315	Req	43	12	No	140FM	8 Rotating General	25011
Union Memorial Hospital [1-2]..... 33rd and Calvert Sts., Baltimore 18	NPCorp	361	10,763	Req	42	12	No	200FM	16 Rotating General	25111
University Hospital [1-2-3-4]X30..... Redwood and Greene Sts., Baltimore 1	State	604	13,376	Req	49	12	No	50FM	16 Rotating General 5 Straight Medicine 3 Straight Pediatrics 2 Straight Surgery 4 Mixed (Surg.-Ob.-Gyn.)	25211 25232 25234 25233 25236
Suburban Hospital [1-2]..... 8600 Old Georgetown Rd., Bethesda 14	NPCorp	170	7,745	Req	53	12	No	100-150FM	10 Rotating General	25311
Prince George's General Hospital [1-2]..... Cheverly	County	235	11,448	Req	39	12	No	150FM	14 Rotating General	90511
Washington County Hospital [1]..... King and Antietam Sts., Hagerstown	NPCorp	295	11,297	Req	32	12	No	200FM	8 Rotating General	94511
MASSACHUSETTS—Hospitals, 35; Internships, 366										
Beverly Hospital [1-2]..... Heather and Herrick Sts., Beverly	NPCorp	227	6,501	Req	63	12	No	100	6 Rotating General	25511
Beth Israel Hospital [1-2-3-4]X40-41..... 330 Brookline Ave., Boston 15	NPCorp	330	11,887	Req	49	12	163	150	10 Straight Medicine 5 Straight Surgery	25632 25633
Boston City Hospital [1-2-3-4]X30-40-41..... 818 Harrison Ave., Boston 18 Chrm. Com. Internship Exams	City	1,570	30,465	Req	53	12	No	112FM		
	I and III		Medical Tufts						16 Straight Medicine	25703
	II and IV		Medical Harvard						16 Straight Medicine	25704
	V and VI		Medical Boston Univ.						16 Straight Medicine	25705
	I		Surgical Tufts						8 Straight Surgery	25706
	III		Surgical Boston Univ.						8 Straight Surgery	25708
	V		Surgical Harvard						6 Straight Surgery	25707
			Straight Specialties, Boston Univ.						6 Straight Pediatrics	25704
			Pathology						5 Straight Pathology	25730
Boston Floating Hospital [1-2-3-4]X41..... 20 Ash St., Boston 11	NPCorp	75	2,602	Req	81	12	164	83FM	4 Straight Pediatrics	98734
Carney Hospital [2]..... 2100 Dorchester St., Boston 24	Church	316	10,613	Req	36	12	164	125FM	12 Rotating General	25811
Children's Medical Center [1-2-3-4]X40..... 300 Longwood Ave., Boston 15	NPCorp	304	8,780	Req	84	12	165	FM	5 Straight Pediatrics 2 Straight Pathology	25634 25630
Massachusetts General Hospital [1-2-3-4]X40.... Fruit St., Boston 14	NPCorp	906	23,628	Req	80	12	166	25-54FM	12 Straight Medicine 8 Straight Surgery 7 Straight Pediatrics 2 Straight Pathology	26132 26133 26134 26136
Massachusetts Memorial Hospitals [1-2-3]X39.. 750 Harrison Ave., Boston 19	NPCorp	316	6,936	Req	57	12	167	150FM	10 Straight Medicine 6 Straight Surgery 1 Straight Pathology	26232 26233 26236
New England Center Hospital [1-2-3]X41..... Harrison Avenue and Bennet St., Boston 11	NPCorp	208	6,202	Req	59	12	168	83FM	12 Straight Medicine 6 Straight Surgery	26332 26333
New England Hospital [1-2]..... Columbus Ave. and Dimock St., Boston 19	NPCorp	150	4,434	Req	50	12	169	60FM	6 Rotating General	26411
Peter Bent Brigham Hospital [1-2-3-4]X40..... 721 Huntington Ave., Boston 15	NPCorp	280	6,112	Req	77	12	170	25FM	13 Straight Medicine 6 Straight Surgery	26532 26533
St. Elizabeth's Hospital [1-2-3]X41..... 736 Cambridge St., Boston 35	Church	400	13,717	Req	50	12	No	110FM	14 Rotating General	26611
Brockton Hospital [1-2]..... 680 Centre St., Brockton 11	NPCorp	218	8,005	Req	40	12	No	250FM	4 Rotating General	26711
Cambridge City Hospital [1-2-3]X41..... 1493 Cambridge St., Cambridge 39	City	246	6,624	Req	38	12	No	140FM	12 Rotating General	26811
Mount Auburn Hospital [1-2-3]X40..... 330 Mt. Auburn St., Cambridge 38	NPCorp	248	8,131	Req	86	12	172	100FM	6 Rotating General	26911
Truesdale Hospital [1-2]..... 1820 Highland Ave., Fall River	NPCorp	152	4,658	Req	37	12	173	100FM	7 Rotating General	27011
Union Hospital [1-2]..... 300 Hanover St., Fall River	NPCorp	183	5,202	Req	37	12	No	100-150FM	10 Rotating General	86411
Holyoke Hospital [1-2-3]..... 575 Beech St., Holyoke	NPCorp	197	7,044	Req	39	12	No	100FM	2 Rotating General 2 Mixed (Med.-Surg.)	27311 27324
Lawrence General Hospital [1-2]..... 1 Garden St., Lawrence	NPCorp	188	7,247	Req	39	12	No	100FM	4 Rotating General	27411
Lowell General Hospital [1-2]..... 295 Varnum Ave., Lowell	NPCorp	215	6,757	Req	38	12	No	100-150FM	2 Rotating General	27511
St. John's Hospital [2]..... 14 Bartlett St., Lowell	Church	183	7,491	Req	38	12	No	150FM	4 Rotating General	27611
St. Joseph's Hospital [2]..... 630 Merrimack St., Lowell	Church	190	7,408	Req	25	12	No	125FM	4 Rotating General	27711

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.

Abbreviations and other references will be found on pages 353 through 355.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Residency (Months)	Affiliated Service	Beginning Residents (Month)	Number and Type of Internships	Code Number
MASSACHUSETTS—Continued										
Lynn Hospital ¹·²·³ 125 Boston St., Lynn	NPCorp	281	9,763	Req	39	12	No	100FM	10 Rotating General	27811
St. Luke's Hospital ¹·²·³ 101 Page St., New Bedford	NPCorp	355	11,973	Req	33	12	No	150FM	10 Rotating General	27911
Newton-Wellesley Hospital ¹·²·³ 2014 Washington St., Newton Lower Falls 62	NPCorp	225	8,087	Req	51	12	No	165FM	6 Rotating General	28011
St. Luke's Hospital ¹·³ 870 East St., Pittsfield	Church	150	4,849	Req	37	12	No	150FM	3 Rotating General	28211
Quincy City Hospital ¹·²·³·⁴ 114 Whitwell St., Quincy 69	City	247	9,787	Req	57	12	No	151FM	12 Rotating General	28311
Salem Hospital ¹·²·³·⁴ 81 Highland Ave., Salem	NPCorp	243	8,601	Req	35	12	174	150-180FM	6 Rotating General	28411
Mercy Hospital ¹·³ 235 Carew St., Springfield 4	Church	340	12,079	Req	27	12	No	200FM	6 Rotating General	28511
Springfield Hospital ¹·³ 759 Chestnut St., Springfield 7	NPCorp	331	11,388	Req	50	12	175	75FM	8 Rotating General	28611
Wesson Memorial Hospital ¹·³ 140 High St., Springfield 5	NPCorp	198	7,827	None	36	12	175	100FM	4 Rotating General	28711
Waltham Hospital ¹·²·³ Hope Ave., Waltham 54	NPCorp	146	5,740	Req	34	12	No	200FM	4 Rotating General	28911
Memorial Hospital ¹·²·³·⁴ 119 Belmont St., Worcester 5	NPCorp	298	10,082	Req	61	12	No	150-180FM	9 Rotating General	29011
St. Vincent Hospital ¹·³ 25 Winthrop St., Worcester 10	Church	554	15,226	Req	46	12	No	150-200FM	15 Rotating General	29011
Worcester City Hospital ¹·²·³·⁴ 71 Jaques Ave., Worcester 9	City	448	10,628	None	51	12	No	119FM	18 Rotating General	29111
MICHIGAN—Hospitals, 38; Internships, 644										
St. Joseph Mercy Hospital ¹·²·³ 326 N. Ingalls St., Ann Arbor	Church	385	14,078	Req	56	12	No	285FM	16 Rotating General	29211
University Hospital ¹·²·³·⁴·X42 1213 E. Ann St., Ann Arbor	State	1,039	19,960	None	74	12	176	130	3 Rot. (Anes. Major)	29377
									2 Rot. (Derm. Major)	29375
									12 Rot. (Gen. Prac. Maj.)	29350
									8 Rot. (Med. Major)	29312
									2 Rot. (Neuro. Major)	29374
									3 Rot. (Ob.-Gyn. Major)	29315
									1 Rot. (Ophth. Major)	29379
									1 Rot. (Otol. Major)	29378
									2 Rot. (Path. Major)	29386
									3 Rot. (Ped. Major)	29314
									2 Rot. (Phys. Med. & Rehab. Major)	29380
									14 Rot. (Surg. Major)	29313
Leila Y. Post Montgomery Hospital ¹·²·³ 9 Emmett St., Battle Creek	Church	180	7,995	Req	30	12	No	275FM	4 Rotating General	29411
Mercy Hospital ¹ 300 Agard St., Benton Harbor	NPCorp	154	6,621	Req	56	12	No	225FM	6 Rotating General	96011
Oakwood Hospital ¹·²·³ 18101 Oakwood Blvd., Dearborn 8	NPCorp	234	12,078	Req	57	12	177	200-250FM	10 Rotating General	94611
Detroit Memorial Hospital ¹·²·³·X43 1459 St. Antoine St., Detroit 26	NPCorp	322	11,752	Req	52	12	178	400FM	12 Rotating General	29611
Evangelical Deaconess Hospital ¹·²·³ 1245 E. Jefferson Ave., Detroit 7	Church	185	7,724	Req	46	12	179	250FM	8 Rotating General	29711
Grace Hospital ¹·²·³·X43 4160 John R. St., Detroit 1	NPCorp	744	28,350	Req	47	12	180	250FM	24 Rotating General	29811
Harper Hospital ¹·²·³·X43 3825 Brush St., Detroit 1	NPCorp	643	22,981	Req	51	12	180	250FM	36 Rotating General	29911
Henry Ford Hospital ¹·²·³ 2799 W. Grand Blvd., Detroit 2	NPCorp	830	24,225	None	71	12	No	225	24 Rotating General	30011
									10 Rot. (Med. Major)	30012
									10 Rot. (Surg. Major)	30013
Mount Carmel Mercy Hospital ¹·²·³·⁴ 6071 W. Outer Dr., Detroit 35	Church	567	24,442	Req	55	12	303	250FM	24 Rotating General	30211
Providence Hospital ¹·²·³ 2500 W. Grand Blvd., Detroit 8	Church	396	14,891	Req	55	12	181	250FM	12 Rotating General	30311
Receiving Hospital ¹·²·X43 1326 St. Antoine St., Detroit 26	City	700	22,827	Req	53	12	182	224FM	59 Rotating General	29511
St. John Hospital ¹·²·³ 22101 Moross Rd., Detroit 36	NPCorp	292	12,536	Req	57	12	No	300FM	12 Rotating General	91511
St. Joseph Mercy Hospital ¹·³ 2200 E. Grand Blvd., Detroit 11	Church	225	8,966	Req	46	12	180	300FM	7 Rotating General	30411
Sinai Hospital ¹·²·³ 6767 W. Outer Dr., Detroit 35	NPCorp	231	10,125	Req	55	12	180	225FM	15 Rotating General	92611
Woman's Hospital ¹·³ 432 E. Hancock Ave., Detroit 1	NPCorp	384	12,946	Req	32	12	180	450	16 Rotating General	30511
Wayne County General Hospital and Infirmary ¹·²·³ Eloise	County	4,903	8,483	Req	32	12	191	286FM	36 Rotating General	30611
Hurley Hospital ¹·²·³ 6th Ave. and Begole St., Flint 2	City	647	20,504	None	56	12	No	250FM	36 Rotating General	30711
McLaren General Hospital ¹ 401 Ballenger Hwy., Flint 3	NPCorp	284	12,255	Req	53	12	No	300FM	12 Rotating General	86611
St. Joseph Hospital ¹·³ 302 Kensington Ave., Flint 2	Church	300	15,850	Req	61	12	192	300FM	18 Rotating General	30811
Blodgett Memorial Hospital ¹·²·³ 1840 Wealthy St., S.E., Grand Rapids 6	NPCorp	320	12,910	Req	80	12	193	250FM	16 Rotating General	30911
Butterworth Hospital ¹·²·³ 300 Bostwick Ave., N.E., Grand Rapids 3	NPCorp	416	16,792	Req	61	12	No	250FM	16 Rotating General	31011
St. Mary's Hospital ¹ 250 Cherry St., S.E., Grand Rapids 3	Church	320	13,049	Req	44	12	No	250FM	16 Rotating General	31111

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.
Abbreviations and other references will be found on pages 353 through 355.

195
V. 1

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend ($/Month)	Number and Type of Internships	Code Number
MICHIGAN—Continued										
Bon Secours Hospital ❖❖ 468 Cadieux Rd., Grosse Pointe 30	Church	158	7,089	Req	50	12	194	315FM	7 Rotating General	90611
Highland Park General Hospital ❖¹⁻³ 389 Glendale Ave., Highland Park 3	City	336	11,281	Req	46	12	190	275FM	14 Rotating General	31211
Borgess Hospital ❖¹⁻³ 1521 Gull Rd., Kalamazoo 02	NPCorp	285	9,372	None	43	12	No	250FM	6 Rotating General	31311
Bronson Methodist Hospital ❖¹ 252 E. Lovell St., Kalamazoo 8	Church	250	9,767	Req	57	12	No	240FM	6 Rotating General	31411
Edward W. Sparrow Hospital ❖¹⁻³ 1215 E. Michigan Ave., Lansing 12	NPCorp	295	14,894	Req	60	12	195	300FM	16 Rotating General	31511
St. Lawrence Hospital ❖¹⁻³ 1210 W. Saginaw St., Lansing 15	Church	275	13,220	None	61	12	No	300FM	12 Rotating General	31611
Midland Hospital ¹ 4005 Orchard Dr., Midland	NPCorp	160	7,982	Req	62	12	No	250FM	6 Rotating General	98111
Pontiac General Hospital ❖¹⁻³ 461 W. Huron St., Pontiac 18	City	286	13,275	Req	59	12	No	300FM	19 Rotating General	31811
St. Joseph Mercy Hospital ❖¹⁻³ 900 Woodward Ave., Pontiac 19	Church	310	16,763	Req	41	12	No	250FM	12 Rotating General	31911
William Beaumont Hospital ❖¹⁻³ 3601 W. 13 Mile Rd., Royal Oak	NPCorp	238	12,004	Req	77	12	196	275PM	12 Rotating General	97811
Saginaw General Hospital ❖¹⁻³ 1447 N. Harrison St., Saginaw	NPCorp	230	9,512	Req	67	12	No	325	6 Rotating General	32011
St. Luke's Hospital ¹ 705 Cooper St., Saginaw 19	Church	211	9,105	Req	55	12	No	400PM	8 Rotating General	32111
St. Mary's Hospital ❖¹ 830 S. Jefferson Ave., Saginaw 16	Church	172	9,558	Req	50	12	No	350PM	6 Rotating General	32211
James Decker Munson Hospital ¹ 4th St., Traverse City	NPCorp	217	7,890	Req	48	12	No	275PM	6 Rotating General	32311
MINNESOTA—Hospitals, 15; Internships, 237										
St. Luke's Hospital ❖¹⁻³ 915 E. 1st St., Duluth 11	NPCorp	376	14,700	Req	69	12	186	125FM	18 Rotating General	32411
St. Mary's Hospital ❖¹ 429 E. 3rd St., Duluth 11	Church	350	11,606	Req	67	12	186	75FM	12 Rotating General	32511
Asbury Methodist Hospital ❖¹⁻³ 916 E. 15th St., Minneapolis 4	Church	168	7,541	Req	63	12	198	150FM	8 Rotating General	86711
Minneapolis General Hospital ❖¹⁻³-X66 619 S. 5th St., Minneapolis 15	City	444	7,509	Req	62	12	No	50FM	39 Rotating General	32911
Mount Sinai Hospital ❖¹⁻³ 737 E. 22nd St., Minneapolis 4	NPCorp	224	9,705	Req	63	12	No	150FM	14 Rotating General	86811
Northwestern Hospital ❖¹⁻³ 810 E. 27th St., Minneapolis 7	NPCorp	302	11,706	Req	73	12	No	175FM	12 Rotating General 1 Straight Medicine 1 Straight Surgery 1 Straight Pediatrics	33011 33027 33063 33094
St. Barnabas Hospital ❖¹⁻³ 929 S. 7th St., Minneapolis 4	Church	272	13,715	None	63	12	187	195PM	10 Rotating General	33111
St. Mary's Hospital ❖¹ 2500 S. 6th St., Minneapolis 6	Church	316	16,090	Req	61	12	No	150FM	10 Rotating General	33211
Swedish Hospital ❖¹⁻³ 914 S. 8th St., Minneapolis 4	NPCorp	420	18,161	None	48	12	No	150FM	8 Rotating General	33311
University of Minnesota Hospitals ❖¹⁻³-X66 412 Union St., S. E., Minneapolis 14	State	644	14,114	Req	86	12	200	60FM	11 Straight Medicine 13 Straight Surgery 13 Straight Pediatrics 3 Straight Ob.-Gyn.	33432 33433 33434 33435
Ancker Hospital ❖¹⁻³-X66 495 Jefferson Ave., St. Paul 1	CyCo	650	8,372	Req	64	12	No	75FM	26 Rotating General	33511
Bethesda Hospital ¹⁻³ 559 Capitol Blvd., St. Paul 1	Church	178	9,210	Req	47	12	201	200FM	8 Rotating General	33611
Charles T. Miller Hospital ❖¹⁻³ 125 W. College Ave., St. Paul 2	NPCorp	370	12,733	Req	58	12	188	100FM	13 Rotating General	33711
St. Joseph's Hospital ❖¹ 69 W. Exchange St., St. Paul 2	Church	294	12,165	Req	57	12	No	200FM	12 Rotating General	33811
St. Luke's Hospital ❖¹⁻³ 367 N. Smith Ave., St. Paul 2	NPCorp	206	7,628	Req	39	12	202	200FM	4 Rotating General	33911
MISSISSIPPI—Hospitals, 2; Internships, 35										
Mississippi Baptist Hospital ❖¹⁻³ 1190 N. State St., Jackson	Church	304	15,359	Req	39	12	No	225PM	12 Rotating General	34011
University Hospital ❖¹-X66 2500 N. State St., Jackson	State	355	7,909	Req	52	12	No	200	23 Rotating General	95711
MISSOURI—Hospitals, 26; Internships, 445										
St. Louis County Hospital ❖¹⁻³ 501 S. Brentwood Blvd., Clayton 5	County	200	4,225	Req	55	12	No	150FM	10 Rotating General	34211
University of Missouri Medical Center ❖¹-X66 807 Stadium Rd., Columbia	State	149	2,721	None	67	12	No	150	4 Straight Pathology	90436
Children's Mercy Hospital ❖¹⁻³-X33 1710 Independence Ave., Kansas City	NPCorp	135	2,417	Req	68	12	No	175FM	1 Straight Pediatrics	96834
Kansas City General Hospitals Kansas City General Hospital No. 1 ❖-X33 24th and Cherry Sts., Kansas City 8	City	378	7,658	Req	62	12	No	150FM	36 Rotating General	34311
Kansas City General Hospital No. 2 ❖¹⁻³-4 600 E. 22nd St., Kansas City 8	City	222	4,920	Req	53	12	No	150FM	See Unit No. 1	
Menorah Medical Center ❖¹⁻³-X33 4949 Rockhill Rd., Kansas City 10	NPCorp	319	10,686	Req	75	12	203	250FM	16 Rotating General	34511
Research Hospital ❖¹⁻³ 2300 Holmes St., Kansas City 8	NPCorp	258	8,101	Req	52	12	203	250FM	10 Rotating General	34611
St. Joseph Hospital ❖¹⁻³ 2550 E. Linwood Blvd., Kansas City 28	Church	321	13,610	Req	62	12	No	200FM	16 Rotating General 2 Rot. (Surg. Major)	34711 34713
St. Luke's Hospital ❖¹⁻³ 4400 J. C. Nichols Pkwy., Kansas City 11	Church	450	14,908	Req	65	12	203	285PM	18 Rotating General	34811

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.
Abbreviations and other references will be found on pages 553 through 555.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Internship (Months)	Affiliated Service	Beginning Internship (Month)	Number and Type of Internships	Code Number
MISSOURI—Continued										
St. Mary's Hospital ◆[1-3] 101 Memorial Dr., Kansas City 8	Church	350	13,028	Req	68	12	203	225FM	12 Rotating General	34911
Trinity Lutheran Hospital [1-3] 3901 Wyandotte St., Kansas City 8	Church	200	7,271	Req	58	12	203	200FM	8 Rotating General	35011
Missouri Methodist Hospital ◆[1-3] 8th and Faraon Sts., St. Joseph	Church	300	8,960	Req	27	12	No	175FM	4 Rotating General	35111
St. Joseph's Hospital [1-3] 922 Powell St., St. Joseph	Church	152	6,398	Req	35	12	No	200FM	4 Rotating General	35211
Barnes Hospital ◆[1-4]-X48 600 S. Kingshighway Blvd., St. Louis 10	NPCorp	987	28,734	Req	71	12	No	35FM	10 Str. Med. (Ward) 14 Str. Med. (Pvt.) 14 Straight Surgery 5 Straight Pathology 4 Straight Ob.-Gyn.	35332 35347 35333 35336 35335
Christian Hospital [1-3] 4411 N. Newstead Ave., St. Louis 15	Church	135	5,013	Req	43	12	No	175FM	5 Rotating General	35411
De Paul Hospital ◆[1-3] 2415 N. Kingshighway Blvd., St. Louis 13	Church	360	13,078	Req	35	12	No	150FM	12 Rotating General	35511
Evangelical Deaconess Hospital [1-3] 6150 Oakland Ave., St. Louis 10	Church	322	8,802	Req	45	12	205	150FM	10 Rotating General	35611
Homer G. Phillips Hospital ◆[1-3-4]-x48 2001 N. Whittier St., St. Louis 13	City	654	16,740	Req	65	12	No	162FM	40 Rotating General	35711
Jewish Hospital ◆[1-3-4] 216 S. Kingshighway Blvd., St. Louis 10	NPCorp	396	11,035	Req	58	12	No	125FM	16 Rotating General 2 Mixed (Med.-Surg.)	35811 35824
Lutheran Hospital ◆[1-3] 2639 Miami St., St. Louis 18	Church	317	8,661	Req	40	12	No	150FM	12 Mixed (Med.-Surg.-Ob.-Gyn.)	35922
Missouri Baptist Hospital ◆[1-3] 919 N. Taylor Ave., St. Louis 8	Church	483	11,822	Req	34	12	No	125FM	12 Rotating General 2 Rot. Med. Major 2 Rot. Surg. Major	36011 36012 36013
St. Anthony's Hospital ◆[1-3]-x47 3529 Chippewa St., St. Louis 18	NPCorp	260	9,388	None	32	12	No	150FM	4 Rotating General	36111
St. John's Hospital ◆[1-3]-x47 307 S. Euclid Ave., St. Louis 10	Church	358	11,643	Req	50	12	205	150FM	18 Rotating General	36211
St. Louis Children's Hospital ◆[1-3]-X48 500 S. Kingshighway Blvd., St. Louis 10	NPCorp	159	4,083	Req	84	12	206	30FM	8 Straight Pediatrics	36934
St. Louis City Hospital ◆[1-3]-X47-48 1515 Lafayette Ave., St. Louis 4	City	1,022	15,943	Req	61	12	No	162FM	40 Rotating General 16 Straight Medicine 8 Straight Surgery 4 Straight Pediatrics	36311 36322 36333 36334
St. Luke's Hospital ◆[1] 5535 Delmar Blvd., St. Louis 12	Church	305	8,671	Req	56	12	207	200FM	12 Rotating General	36411
St. Mary's Group of Hospitals ◆[1-3]-X47 1402 S. Grand Blvd., St. Louis 4	Church	335	13,408	Req	63	12	205	85FM	12 Rotating General 8 Straight Medicine 8 Straight Surgery 6 Straight Pediatrics	36511 36522 36533 36534
MONTANA—Hospitals, 3; Internships, 10										
Butte Community Memorial Hospital [1-3] 400 S. Clark St., Butte	NPCorp	166	5,806	Req	36	12	No	150FM	2 Rotating General	94711
St. James Hospital ◆ Silver and Idaho Sts., Butte	Church	160	5,691	Req	39	12	No	150FM	4 Rotating General	36611
Montana Deaconess Hospital ◆[1-3] 1109 6th Ave. N., Great Falls	Church	198	6,806	None	54	12	No	150FM	4 Rotating General	36711
NEBRASKA—Hospitals, 9; Internships, 82										
Bryan Memorial Hospital [1-3]-x30 4848 Sumner St., Lincoln 6	Church	125	5,123	Req	55	12	No	300FM	4 Rotating General	36811
Lincoln General Hospital ◆[1-3]-x30 2315 S. 17th St., Lincoln 2	NPCorp	172	6,012	Req	51	12	No	300FM	4 Rotating General	36911
St. Elizabeth Hospital ◆[1-3]-x30 1145 South St., Lincoln 2	Church	260	10,735	Req	45	12	No	300FM	6 Rotating General	37011
Bishop Clarkson Memorial Hospital ◆[1-3]-x30 Dewey Ave. at 44th St., Omaha 5	Church	234	9,802	Req	65	12	208	150FM	12 Rotating General	37111
Creighton Memorial St. Joseph Hospital ◆[1-3]-X49 2905 S. 10th St., Omaha 8	Church	616	19,200	Req	38	12	209	185FM	18 Rotating General	37211
Immanuel Hospital ◆[1-3]-x30 34th St. and Fowler Ave., Omaha 11	Church	152	4,968	Req	45	12	210	300	8 Rotating General	37311
Nebraska Methodist Hospital ◆[1-3]-x30 3612 Cuming St., Omaha 31	Church	263	8,732	Req	52	12	210	300	10 Rotating General	37411
St. Catherine's Hospital [1-3]-x30 Forest Ave. and 9th St., Omaha 8	Church	200	8,560	Req	47	12	209	300FM	8 Rotating General	37511
University of Nebraska Hospital ◆[1-4]-X30 42nd and Dewey Ave., Omaha 5	State	163	3,492	Req	77	12	209	175FM	12 Rotating General	37611
NEW HAMPSHIRE—Hospital, 1; Internships, 16										
Mary Hitchcock Memorial Hospital ◆[1-3] 2 Maynard St., Hanover	NPCorp	267	8,171	Req	83	12	No	125FM	16 Rotating General	37711
NEW JERSEY—Hospitals, 41; Internships, 467										
Atlantic City Hospital ◆[1-3] 26 S. Ohio Ave., Atlantic City	NPCorp	248	8,801	Req	48	12	211	150FM	12 Rotating General	37811
Bayonne Hospital and Dispensary ◆[1-3] 12 E. 30th St., Bayonne	NPCorp	203	7,049	Req	33	12	No	125FM	8 Rotating General	37911
Cooper Hospital ◆[1-4]-X71-x73 6th and Stevens Sts., Camden 3	NPCorp	431	15,161	Req	57	12	No	200FM	12 Rotating General	38011
Our Lady of Lourdes Hospital ◆[1-4]-x71 1600 Haddon Ave., Camden 3	Church	278	9,683	Req	55	12	No	200FM	10 Rotating General	98311
West Jersey Hospital ◆[1-3] Mt. Ephraim and Atlantic Aves., Camden 4	NPCorp	275	9,876	Req	28	12	No	200FM	12 Rotating General	38111
East Orange General Hospital [3] S. Munn and Central Aves., East Orange	NPCorp	169	6,315	Req	31	12	No	125FM	5 Rotating General	38211

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.
Abbreviations and other references will be found on pages 553 through 555.

195
V. 1

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
NEW JERSEY—Continued										
*Alexian Brothers Hospital [1] 655 E. Jersey St., Elizabeth 1	Church	155	4,610	Req	28	12	212	100FM	12 Rotating General	.....
Elizabeth General Hospital and Dispensary [1-3] 925 E. Jersey St., Elizabeth 4	NPCorp	243	10,655	Req	36	12	No	125FM	12 Rotating General	38411
St. Elizabeth Hospital [1-3] 304 S. Broad St., Elizabeth 2	Church	207	7,120	Req	31	12	No	100FM	10 Rotating General	38511
Englewood Hospital [1-3] 350 Engle St., Englewood	NPCorp	202	9,176	Req	42	12	No	100FM	6 Rotating General	38811
Hackensack Hospital [1-3] 22 Hospital Pl., Hackensack	NPCorp	337	13,750	Req	39	12	No	125FM	12 Rotating General	38711
St. Mary's Hospital [1-3] 4th St. and Willow Ave., Hoboken	Church	375	7,995	Req	33	12	No	100FM	16 Rotating General	38811
Christ Hospital [1-3] 176 Palisade Ave., Jersey City 6	Church	332	9,309	Req	33	12	No	100FM	12 Rotating General	38911
Jersey City Hospital [1-3-5]-X31 50 Baldwin Ave., Jersey City 4	City	999	18,694	Req	29	12	213	83FM	38 Rotating General 13 Straight Medicine 5 Straight Surgery 2 Straight Pediatrics 1 Straight Pathology 9 Rotating General	39011 39082 39083 39084 39085 39111
St. Francis Hospital [1-3] 25 E. Hamilton Pl., Jersey City 2	Church	215	5,922	Req	26	12	213	100FM		
Monmouth Memorial Hospital [1-2-3] 3rd and Pavilion Aves., Long Branch	NPCorp	302	10,768	Req	74	12	No	100FM	12 Rotating General	39211
Mountainside Hospital [1-2-3-4] Bay and Highland Aves., Montclair	NPCorp	227	10,250	Req	49	12	No	200FM	11 Rotating General	39311
Morristown Memorial Hospital [1-3] 100 Madison Ave., Morristown	NPCorp	236	9,579	Req	65	12	No	125FM	8 Rotating General	39411
Fitkin Memorial Hospital [1-3] Corlies Ave., Neptune	NPCorp	200	10,125	Req	25	12	No	150FM	8 Rotating General	39511
Harrison S. Martland Medical Center [1-3-4] 116 Fairmount Ave., Newark 7	City	768	13,339	Req	33	12	No	114FM	30 Rotating General	39611
Newark Beth Israel Hospital [1-3-4] 201 Lyons Ave., Newark 12	NPCorp	421	14,869	Req	42	12	No	75FM	13 Rotating General	39711
Presbyterian Hospital [1-3] 57 S. 9th St., Newark 7	NPCorp	312	11,860	Req	32	12	214	150FM	6 Rotating General	87211
Saint Barnabas Medical Center [1-3] 685 High St., Newark 2	NPCorp	234	7,592	Req	36	12	214	100FM	8 Rotating General	39611
St. Michael's Hospital [1-3] 300 High St., Newark 2	Church	422	13,097	Req	50	12	No	140FM	15 Rotating General	39911
Middlesex General Hospital [1-3] 180 Somerset St., New Brunswick	NPCorp	139	6,887	Req	71	12	215	200FM	10 Rotating General	97911
St. Peter's General Hospital [1-3] 360 Easton Ave., New Brunswick	Church	215	9,539	Req	84	12	No	135FM	10 Rotating General	40011
Orange Memorial Hospital [1-3] 188 S. Essex Ave., Orange	NPCorp	339	10,441	Req	43	12	No	125FM	10 Rotating General	40111
Bergen Pines County Hospital [1-3] E. Ridgewood Ave., Paramus	County	697	3,808	Req	39	12	219	100FM	20 Rotating General	90811
Passaic General Hospital [1-3] 350 Boulevard, Passaic	NPCorp	250	9,805	Req	31	12	No	100FM	6 Rotating General	40211
St. Mary's Hospital [1] 211 Pennington Ave., Passaic	Church	192	6,865	Req	35	12	No	100FM	6 Rotating General	40311
Nathan and Miriam Barnert Memorial Hospital [1-3] 680 Broadway, Paterson 4	NPCorp	147	6,250	Req	41	12	No	100PM	6 Rotating General	40411
Paterson General Hospital [1-3] 328 Market St., Paterson 3	NPCorp	347	11,085	Req	32	12	No	100FM	12 Rotating General	40511
St. Joseph Hospital [1-3] 703 Main St., Paterson 3	Church	442	12,405	Req	35	12	No	100FM	12 Rotating General	40611
Perth Amboy General Hospital [3] 530 New Brunswick Ave., Perth Amboy	NPCorp	358	15,755	None	25	12	No	100FM	14 Rotating General	87311
Muhlenberg Hospital [1-2-4] Park Ave. and Randolph Rd., Plainfield	NPCorp	367	15,716	Req	37	12	No	140-165FM	10 Rotating General	40711
Somerset Hospital [1-3] Rehill Ave., Somerville	NPCorp	213	8,931	Req	37	12	No	150FM	8 Rotating General	93411
Overlook Hospital [1-3] 193 Morris Ave., Summit	NPCorp	251	9,525	Req	52	12	No	125FM	12 Rotating General	40811
Holy Name Hospital [1-3] 718 Teaneck Rd., Teaneck	Church	248	8,900	Req	41	12	No	150FM	8 Rotating General	40911
Mercer Hospital [1-3] 446 Bellevue Ave., Trenton 8	NPCorp	256	9,138	Req	53	12	No	150FM	9 Rotating General	41011
St. Francis Hospital [1-3] 601 Hamilton Ave., Trenton 9	Church	361	12,297	Req	42	12	No	150FM	10 Rotating General	41111
William McKinley Memorial Hospital [1-3] 750 Brunswick Ave., Trenton 8	NPCorp	184	7,019	Req	31	12	No	180-250FM	6 Rotating General	41211
NEW MEXICO—Hospitals, 1; Internships, 10										
Bernalillo County-Indian Hospital [1-3] 2211 Lomas Blvd., N.E., Albuquerque	County	215	5,359	Req	62	12	No	250FM	10 Rotating General	90211
NEW YORK—Hospitals, 186; Internships, 1,817										
Albany Hospital [1-3-4]-X32 New Scotland Ave., Albany 8	NPCorp	635	20,036	Req	62	12	No	135PM	24 Rotating General 5 Straight Medicine 12 Straight Surgery	41411 41432 41433
Memorial Hospital [1-3]-X35 161 N. Pearl St., Albany 7	NPCorp	235	4,357	Req	45	12	No	130FM	14 Rotating General	41511
St. Peter's Hospital [1] 632 New Scotland Ave., Albany 8	Church	293	8,064	Req	59	12	222	200FM	10 Rotating General	41611
Binghamton City Hospital [1-3] Mitchell and Park Aves., Binghamton	City	332	10,735	Req	49	12-24	No	125FM	15 Rotating General	41811
Lawrence Hospital [1-3] 55 Palmer Ave., Bronxville 8	NPCorp	201	6,351	Req	40	12	No	200FM	8 Rotating General	91611

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.
Abbreviations and other references will be found on pages 533 through 535.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
NEW YORK—Continued										
Beth-El Hospital [1-3] Linden Blvd. and Rockaway Pkwy. Brooklyn 12	NPCorp	327	9,301	Req	28	12	No	125FM	16 Rotating General	41911
Brooklyn Hospital [1-3-X13] 121 De Kalb Ave., Brooklyn 1	NPCorp	340	9,388	Req	48	12	No	160FM	14 Rotating General	42011
Coney Island Hospital [1-3-5] Shore and Ocean Pkwy., Brooklyn 35	City	390	6,510	Req	30	12	No	71FM	29 Rotating General	43211
Cumberland Hospital [1-3-4-X13] 29 Auburn Pl., Brooklyn 5	City	307	7,583	Req	34	12	No	71FM	7 Rotating General 2 Straight Medicine 2 Straight Surgery 2 Straight Pediatrics	42311 42332 42333 42334
Greenpoint Hospital [1-3-4] Kingsland and Stillman Aves., Brooklyn 11	City	158	6,813	Req	28	12	No	71FM	12 Rotating General	42411
Jewish Hospital [1-3-X13] 555 Prospect Pl., Brooklyn 38	NPCorp	474	14,892	Req	42	12	236	50FM	28 Rotating General 4 Straight Medicine 3 Straight Pediatrics 2 Straight Ob.-Gyn.	42511 42532 42534 42535
Kings County Hospital Center [1-3-4-X13] 451 Clarkson Ave., Brooklyn 3	City	3,167	57,842	Req	33	12	No	71FM	114 Rotating General 10 Straight Medicine 10 Straight Surgery 3 Straight Pediatrics 1 Straight Pathology	42611 42632 42633 42634 42636
Long Island College Hospital [1-3-X13] 340 Henry St., Brooklyn 1	NPCorp	401	11,802	Req	35	12	No	131PM	19 Rotating General 2 Straight Medicine 2 Straight Surgery	42711 42732 42733
Lutheran Hospital [1-3] 22 Jay St., Brooklyn 12	Church	155	5,918	Req	37	12	No	150FM	6 Rotating General	97211
Lutheran Medical Center [1-3] 4520 4th Ave., Brooklyn 20	Church	206	6,699	Req	56	12	No	110PM	10 Rotating General	43011
Maimonides Hospital [1-3-X13] 4802 10th Ave., Brooklyn 19	NPCorp	515	14,546	Req	36	12	No	50FM	24 Rotating General 7 Straight Medicine	42811 42832
Methodist Hospital [1-3-X13] 506 6th St., Brooklyn 15	Church	387	11,160	Req	38	12	No	150FM	12 Rotating General 2 Straight Medicine 1 Straight Surgery 1 Straight Pediatrics	42911 42932 42933 42934
Prospect Heights Hospital [1-3] 775 Washington Ave., Brooklyn 38	NPCorp	168	5,635	None	33	12	No	200PM	6 Rotating General	87411
St. Catherine's Hospital [1-3] 123 Bushwick Ave., Brooklyn 6	Church	281	7,671	Req	29	12	No	125FM	10 Rotating General	43111
St. John's Episcopal Hospital [1-3] 480 Herkimer St., Brooklyn 13	Church	251	8,277	Req	32	12	No	160FM	9 Rotating General 2 Straight Medicine 3 Straight Surgery 1 Straight Pediatrics	43211 43232 43233 43234
St. Mary's Hospital [1-3] 1256 St. Marks Ave., Brooklyn 13	Church	234	5,713	Req	42	12	No	125FM	8 Rotating General	43311
St. Peter's Hospital [1-3] 366 Henry St., Brooklyn 1	Church	200	4,212	Req	22	12	No	100FM	10 Rotating General	90711
Unity Hospital [1-3] 1545 St. Johns Pl., Brooklyn 13	NPCorp	210	6,501	Req	31	12	No	100FM	8 Rotating General	43411
Wyckoff Heights Hospital [1-3] 374 Stockholm St., Brooklyn 37	NPCorp	258	8,976	Req	32	12	No	100FM	8 Rotating General	43511
Allied Hospitals of the Sisters of Charity [1-3] (Sisters of Charity and Emergency Hosp'tals) 2157 Main St., Buffalo 14	Church	446	17,600	Req	30	12	223	225FM	18 Rotating General	44111
Buffalo General Hospital [1-3-4-X13] 100 High St., Buffalo 3	NPCorp	644	17,648	Req	56	12	No	150-200FM	23 Rotating General 3 Straight Medicine	43611 43632
Children's Hospital [1-X13] 219 Bryant St., Buffalo 22	NPCorp	260	13,070	Req	93	12	No	100FM	4 Straight Pediatrics	96534
Deaconess Hospital [1-3] 582 Riley St., Buffalo 1	NPCorp	286	10,552	Req	37	12	224	250FM	14 Rotating General	43711
Edward J. Meyer Memorial Hospital [1-3-4-X13] 462 Grider St., Buffalo 15	County	900	13,080	Req	42	12	No	231PM	24 Rotating General	43811
Mercy Hospital [1-3] 565 Abbott Rd., Buffalo 20	Church	360	12,919	Req	43	12	228	200FM	20 Rotating General	43911
Millard Fillmore Hospital [1-3-4-X13] 3 Gates Circle, Buffalo 9	NPCorp	524	18,783	Req	48	12	224	200	15 Rotating General	44011
Mary Imogene Bassett Hospital [1-3-X13-X15] Atwell Rd., Cooperstown	NPCorp	111	3,149	Req	61	12	No	110PM	9 Rotating General 1 Straight Medicine	44211 44232
Elmhurst General Hospital [1-3-4] 79-01 Broadway, Elmhurst 73 (Replacing New York City Hospital)	City	823	11,572	Req	25	12	No	71FM	23 Rotating General 3 Straight Surgery	49111 49133
Arnot Ogden Memorial Hospital [1-3] Roe Ave., Elmira	NPCorp	213	8,445	Req	43	12	No	200FM	4 Rotating General	44311
St. Joseph's Hospital [1-3] 555 E. Market St., Elmira	Church	222	8,989	Req	41	12	No	300PM	4 Rotating General	44411
Flushing Hospital and Dispensary [1-3-4] 44-14 Parsons Blvd., Flushing 55	NPCorp	312	12,311	Req	50	12	No	150FM	12 Rotating General	44511
Community Hospital [1-3] St. Andrews Lane, Glen Cove	NPCorp	183	8,433	Req	51	12	No	200FM	8 Rotating General	44611
Glens Falls Hospital [1-3] 100 Park St., Glens Falls	NPCorp	256	11,980	Req	40	12	No	200FM	8 Rotating General	44711
Meadowbrook Hospital [1-3] Bethpage Tpke. and Carman Ave., Hempstead	County	600	15,207	Req	46	12	No	150FM	36 Rotating General	44811
Mary Immaculate Hospital [1-3-4] 152-11 89th Ave., Jamaica 32	Church	295	9,198	Req	29	12	No	150FM	8 Rotating General	45011
Queens General Hospital [1-3-4] 82-68 164th St., Jamaica 32	City	1,436	15,206	Req	35	12	No	71FM	36 Rotating General	45111
Charles S. Wilson Memorial Hospital [1-3] 33 Harrison St., Johnson City	NPCorp	450	13,346	Req	42	12	No	200PM	12 Rotating General	45211
Our Lady of Victory Hospital [3] 800 Ridge Rd., Lackawanna 18	Church	260	9,113	Req	25	12	No	150FM	9 Rotating General	45311

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.
Abbreviations and other references will be found on pages 553 through 555.

19
V.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
NEW YORK—Continued										
St. John's Long Island City Hospital ◆1-2.... 25-01 Jackson Ave., Long Island City 1	Church	222	6,002	Req	36	12	220	125FM	16 Rotating General	45411
Nassau Hospital ◆1-2..... 1st St., Mineola	NPCorp	315	13,420	Req	50	12	No	150FM	8 Rotating General	45511
Northern Westchester Hospital 1-2..... E. Main St., Mount Kisco	NPCorp	145	5,118	Req	44	12	No	100FM	4 Rotating General	45611
Mount Vernon Hospital ◆1-2..... 12 N. 7th Ave., Mount Vernon	NPCorp	253	9,306	Req	47	12	No	100FM	12 Rotating General	45711
St. Luke's Hospital 1-2-4..... 70 Dubois St., Newburgh	NPCorp	188	7,753	Req	33	12	No	200FM	8 Rotating General	45811
Long Island Jewish Hospital ◆1-2-4..... 270-05 76th Ave., New Hyde Park	NPCorp	249	9,039	Req	66	12	No	50FM	14 Rotating General	98311
New Rochelle Hospital ◆1-2-4..... 16 Guion Pl., New Rochelle	NPCorp	305	10,536	Req	32	12	No	200FM	12 Rotating General	45911
Bellevue Hospital Center ◆1-2-4-X35-38-58..... 1st Ave. and 27th St., New York 16	City	2,684	46,872	Req	41	12	....	71FM		
First Medical Division— Columbia University ◆1-2..... Dr. Dickinson W. Richards	.....	...	.....	Req	....	12	No	71FM	12 Mixed (Med.-Chest Surg. or Path.)	46067
First Surgical Division— Columbia University ◆1-2..... Dr. Kenneth M. Lewis, Sr.	.....	...	.....	Req	....	12	No	71FM	2 Straight Surgery 4 Mixed (Surg.-Med.)	46133 46134
Second Medical Division— Cornell University ◆1-2..... Dr. Thomas P. Almy	.....	...	.....	Req	....	12	225	71FM	21 Straight Medicine 2 Mixed (Med.-Path.)	46222 46227
Second Surgical Division— Cornell University ◆1-2..... Dr. Cranston W. Holman	.....	...	.....	Req	....	12	No	71FM	7 Straight Surgery	46333
Third Medical Division— New York Univ. Col. of Med. ◆1-2..... Dr. William S. Tillett	.....	...	.....	Req	....	12	No	71FM	12 Straight Medicine 4 Mixed (Surg.-Med.)	46432 46434
Third Surgical Division— New York Univ. Col. of Med. ◆1-2..... Dr. John H. Mulholland	.....	...	.....	Req	....	12	No	71FM	6 Straight Surgery 4 Mixed (Surg.-Med.)	46583 46584
Third Division, Dept. of Pathology— New York Univ. Col. of Med. ◆1-2..... Dr. Marvin Kuschner	.....	...	.....	...	....	12	No	71FM	1 Straight Pathology	98086
Third Division, Dept. of Pediatrics— New York Univ. Col. of Med. ◆1-2..... Dr. L. Emmett Holt, Jr.	.....	...	.....	Req	....	12	No	71FM	9 Straight Pediatrics	92584
Fourth Medical Division— New York Univ. Post-Graduate Medical School ◆1-2..... Dr. Charles F. Wilkinson, Jr.	.....	...	.....	...	....	12	226	71FM	11 Straight Medicine	46622
Fourth Surgical Division— New York Univ. Post-Graduate Medical School ◆1-2-4..... Dr. J. William Hinton	.....	...	.....	Req	....	12	No	71FM	8 Straight Surgery	46733
Beth David Hospital ◆1-2..... 321 E. 42nd St., New York 17	NPCorp	171	4,437	Req	36	12	No	100FM	14 Rotating General	46911
Beth Israel Hospital ◆1-2-4..... 10 Nathan D. Perlman Pl., New York 3	NPCorp	351	9,156	Req	40	12	No	110FM	16 Rotating General	47011
Bronx Hospital ◆1-2-4..... 1276 Fulton Ave., New York 56	NPCorp	329	8,741	Req	33	12	No	75FM	9 Rotating General	47111
Bronx Municipal Hospital Center ◆1-2-4-X34.. Pelham Pkwy. and Eastchester Rd. New York 61	City	1,091	7,199	Req	56	12	No	105FM	16 Straight Medicine 12 Straight Surgery 10 Straight Pediatrics	93132 93133 93134
Columbus Hospital ◆3..... 227 E. 19th St., New York 3	Church	350	7,228	Req	41	12	No	75FM	12 Rotating General	47211
Fordham Hospital ◆1-2-4..... Southern Blvd. and Crotona Ave. New York 58	City	414	7,989	Req	37	12	No	71FM	18 Rotating General	47411
French Hospital ◆1-2..... 330 W. 26th St., New York 1	NPCorp	237	6,087	Req	39	12	No	75FM	10 Rotating General	47511
Harlem Hospital ◆1-2-4..... 532 Lenox Ave., New York 37	City	708	16,656	Req	28	12	No	71FM	42 Rotating General	47811
Hospital for Joint Diseases ◆1-2-4..... 1919 Madison Ave., New York 35	NPCorp	305	5,924	Req	42	12	227	50FM	6 Rotating General	47911
Jewish Memorial Hospital ◆1-2-4..... 196th St. and Broadway, New York 40	NPCorp	185	6,147	Req	45	12	No	75FM	10 Rotating General	48011
Knickerbocker Hospital ◆1-2..... 70 Convent Ave., New York 27	NPCorp	220	4,567	Req	47	12	231	125FM	6 Rotating General 3 Straight Medicine 3 Straight Surgery	48111 48122 48133
Lebanon Hospital ◆1-2..... 1650 Grand Concourse, New York 57	NPCorp	300	7,291	Req	41	12	No	50FM	13 Rotating General 1 Straight Surgery	48211 48233
Lenox Hill Hospital ◆1-2-4..... 111 E. 76th St., New York 21	NPCorp	431	12,172	Req	47	12	221	100PM	23 Rotating General	48311
Lincoln Hospital ◆1-2-4..... 230 Concord Ave., New York 54	City	404	12,267	Req	27	12	No	71FM	12 Rotating General	48411
Misericordia Hospital ◆1-2..... 531 E. 80th St., New York 28	Church	185	4,711	Req	38	12	No	75FM	10 Rotating General	48611
Montefiore Hospital ◆1-2-4-X35..... 210th St. and Bainbridge Ave., New York 67	NPCorp	651	9,743	None	49	12	No	55FM	28 Mixed (Med.-Surg.-Pul.-Neuro.-Neoplastic)	48785
Morrisania City Hospital ◆1-2-4..... 1230 Gerard Ave., New York 52	City	461	10,636	Req	29	12	No	71FM	18 Rotating General	48811
Mother Cabrini Memorial Hospital ◆1-2..... 611 Edgecombe Ave., New York 32	Church	170	3,755	Req	25	12	No	100FM	8 Rotating General	48911
Mount Sinai Hospital ◆1-2-4-X35..... 1 E. 100th St., New York 29	NPCorp	1,007	24,373	Req	50	12	No	40FM	43 Rotating General	49011

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.

Abbreviations and other references will be found on pages 553 through 555.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
NEW YORK—Continued										
New York City Hospital Welfare Island, New York 17 (Replaced by Elmhurst General Hospital, Elmhurst 73)										
New York Hospital *†-3-4-X38 525 E. 68th St., New York 21	NPCorp	1,431	25,556	None	66	12	No	143PM	18 Straight Medicine 16 Straight Surgery 2 Straight Pediatrics 2 Straight Pathology 7 Rotating General	49232 49233 49234 49236 87511
New York Infirmary *† Stuyvesant Sq. E. and 15th St., New York 3	NPCorp	192	4,235	Req	34	12	No	100FM		
New York Polyclinic Medical School and Hospital *†-3-4 345 W. 50th St., New York 19	NPCorp	394	9,685	Req	55	12	No	100FM	8 Rotating General	49411
Presbyterian Hospital *†-4 622 W. 168th St., New York 32	NPCorp	1,536	37,780	Req	61	12	No	208	12 Straight Medicine 12 Straight Surgery 3 Straight Pathology	49232 49233 49236
Roosevelt Hospital *†-3-4-X35 428 W. 59th St., New York 19	NPCorp	461	9,574	Req	48	12	No	100PM	8 Mixed (Med.-Ped.-Surg.) 7 Mixed (Surg.-Gyn.-Med)	49623 49672
St. Clare's Hospital *†-3 415 W. 51st St., New York 19	Church	440	10,904	Req	31	12	No	175PM	13 Rotating General 2 Straight Surgery 1 Straight Medicine	49711 49733 49732
St. Francis Hospital *†-3 355 E. 142nd St., New York 54	Church	372	9,311	Req	19	12	No	100FM	12 Rotating General	49811
St. Luke's Hospital *†-3-4-X35 421 W. 113th St., New York 25	NPCorp	523	10,726	Req	58	12	No	50FM	8 Mixed (9 mo. Med.-3 mo. Surg.) 8 Mixed (9 mo. Surg.-3 mo. Med.) 2 Straight Pediatrics	49883 49884 49604
St. Vincent's Hospital *†-3-4-X36 153 W. 11th St., New York 11	Church	768	17,709	Req	53	12	228	80FM	23 Rotating General 4 Straight Medicine 6 Straight Surgery	50611 50632 50633
Sydenham Hospital *†-3-4 565 Manhattan Ave., New York 27	City	220	5,356	Req	32	12	No	71FM	9 Rotating General	50111
Mount St. Mary's Hospital †-3 5300 5th St., Niagara Falls	Church	189	6,708	Req	47	12	No	275FM	6 Rotating General	50811
Niagara Falls Memorial Hospital †-3 621 10th St., Niagara Falls	NPCorp	302	10,882	None	46	12	No	200FM	9 Rotating General	93511
United Hospital *†-3 406 Boston Post Rd., Port Chester	NPCorp	220	7,111	Req	28	12	No	200PM	8 Rotating General	50411
Vassar Brothers Hospital *†-3 Reade Pl., Poughkeepsie	NPCorp	248	8,656	Req	44	12	No	200FM	8 Rotating General	50811
Genesee Hospital *†-3-X35 224 Alexander St., Rochester 7	NPCorp	252	10,812	Req	84	12	No	167	8 Rotating General 4 Straight Medicine 4 Straight Surgery 1 Straight Pathology	50711 50732 50733 50736
Highland Hospital *†-3-X39 South Ave. at Bellevue Dr., Rochester 20	NPCorp	240	8,803	Req	69	12	229	150-200FM	9 Rotating General 3 Straight Surgery	50811 50833
Rochester General Hospital *†-3-4-X39 1425 Portland Ave., Rochester 21	NPCorp	412	13,982	Req	71	12	No	100FM	18 Rotating General 2 Straight Medicine 2 Straight Surgery	50911 50932 50933
St. Mary's Hospital *†-3-X39 89 Genesee St., Rochester 11	Church	330	14,052	Req	55	12	No	205FM	15 Rotating General	51011
Strong Memorial-Rochester Municipal Hospitals *†-3-X39 260 Crittenden Blvd., Rochester 20	NPCorp	477	14,189	Req	69	12-24	No	81-96	12 Rotating General (24 Mo.) 11 Straight Medicine 8 Straight Surgery 6 Straight Pediatrics 4 Straight Pathology 4 Mixed (Surg.-Ob.-Gyn.)	51116 51136 51133 51134 51136 51126
Ellis Hospital *†-3-4-X32 1101 Nott St., Schenectady 8	NPCorp	357	16,881	Req	51	12	No	125FM	18 Rotating General	51211
St. Clare's Hospital †-3 600 McClellan St., Schenectady 4	Church	204	7,034	Req	31	12	No	150FM	8 Rotating General	51311
St. Vincent's Hospital *†-3 355 Bard Ave., Staten Island 10	Church	252	9,080	Req	34	12	No	190PM	8 Rotating General	51411
Staten Island Hospital *†-3 101 Castleton Ave., Staten Island 1	NPCorp	215	8,558	Req	30	12	No	100FM	8 Rotating General	51511
General Hospital *†-3-X31 116 E. Castle St., Syracuse 3	NPCorp	121	5,838	Req	33	12	No	191	3 Mixed (Med.-Surg.-Ob.-Gyn.)	51722
St. Joseph's Hospital *†-X31 301 Prospect Ave., Syracuse 3	Church	304	12,035	Req	39	12	No	208PM	12 Rotating General	51811
State University of New York Upstate Medical Center Hospitals (University Hospital of the Good Shepherd, Crouse-Irving and Syracuse Memorial Hospitals) *†-3-X31 750 Irving Ave., Syracuse 10	NPCorp	689	27,392	Req	53	12	No	208	16 Rotating General 7 Straight Medicine 6 Straight Surgery 3 Straight Pediatrics 4 Mixed (Med.-Surg.)	51611 51632 51633 51634 51624
Leonard Hospital †-3 41 114th St., Troy	NPCorp	163	6,255	Req	25	12	245	150FM	7 Rotating General	98911
St. Mary Hospital †-3 87 Oakwood Ave., Troy	Church	225	6,304	Req	44	12	No	175FM	6 Rotating General	51911
Samaritan Hospital *†-3 Peoples and Burdett Aves., Troy	NPCorp	166	7,034	Req	40	12	No	250FM	9 Rotating General	52011
Grasslands Hospital *†-3-4 Valhalla	County	647	4,982	Req	55	12	No	150FM	10 Mixed (Med.-Ped.-Surg) 10 Mixed (Surg.-Med.-Ob.)	52129 52160
White Plains Hospital *†-3 41 E. Post Rd., White Plains	NPCorp	198	6,905	Req	48	12	No	150FM	8 Rotating General	52311

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.
Abbreviations and other references will be found on pages 533 through 535.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
NEW YORK—Continued										
St. John's Riverside Hospital ◆1-3 85 Ashburton Ave., Yonkers	NPCorp	214	6,794	Req	32	12	No	120FM	8 Rotating General	58411
St. Joseph's Hospital 127 S. Broadway, Yonkers	Church	174	4,348	...	33	12	...	100FM	6 Rotating General	58511
Yonkers General Hospital 1-3 127 Ashburton Ave., Yonkers	NPCorp	143	5,153	Req	36	12	No	100FM	7 Rotating General	58611
NORTH CAROLINA—Hospitals, 10; Internships, 102										
Memorial Mission Hospital of Western North Carolina 1 509 Biltmore Ave., Asheville	NPCorp	329	11,858	Req	29	12	No	250PM	8 Rotating General	94911
North Carolina Memorial Hospital ◆1-3-X62 Pittsboro Rd., Chapel Hill	State	350	8,811	Req	73	12	240	150	10 Straight Medicine 8 Straight Surgery 4 Straight Pediatrics 3 Straight Pathology 22 Mixed (Med.-Ped.)	90092 90093 90094 90095 90049
Charlotte Memorial Hospital ◆1-3 1400 Scott Ave., Charlotte 3	NPCorp	352	13,787	Req	77	12	No	200FM	10 Rotating General	52711
Duke Hospital ◆1-3-X63 Durham	NPCorp	546	16,594	Req	59	12	No	25FM	24 Straight Medicine 16 Straight Surgery 10 Straight Pediatrics 3 Straight Pathology 1 Straight Ob.-Gyn. 4 Mixed (Ob.-Ped.)	52902 52903 52904 52905 52906
Watts Hospital ◆1-3-X63-63 Club Blvd., Durham	NPCorp	281	10,708	Req	41	12	No	250FM	10 Rotating General 2 Straight Medicine 2 Straight Ob.-Gyn.	57711 57722 57735
Moses H. Cone Memorial Hospital ◆1-3 1200 N. Elm St., Greensboro	NPCorp	285	11,073	Req	65	12	No	300FM	12 Rotating General	94311
Rex Hospital ◆1-X62 1311 St. Mary's St., Raleigh	NPCorp	310	14,008	Req	33	12	No	300	12 Rotating General	52211
City Memorial Hospital ◆1-3 1 Hospital St., Winston-Salem 4	City	294	12,794	Req	44	12	No	250PM	16 Rotating General	53511
Kate Bitting Reynolds Memorial Hospital ◆1-3 1101 E. 7th St., Winston-Salem 4	City	176	6,963	Req	27	12	No	250PM	6 Rotating General	53611
North Carolina Baptist Hospital ◆1-3-X64 300 S. Hawthorne Rd., Winston-Salem 7	Church	400	14,024	Req	58	12	No	83PM	8 Straight Medicine 3 Straight Surgery 3 Straight Pediatrics 3 Straight Pathology 2 Mixed (Med.-Ob.-Gyn.-Ped.)	53732 53733 53734 53736 53721
NORTH DAKOTA—Hospitals, 3; Internships, 18										
St. John's Hospital 1-3 365 6th Ave. S., Fargo	Church	175	6,828	Req	32	12	No	225FM	6 Rotating General	57011
St. Luke's Hospital ◆2 727 Broadway, Fargo	NPCorp	185	7,846	Req	42	12	No	225FM	8 Rotating General	53911
Grand Forks Deaconess Hospital 1-3 222 S. 4th St., Grand Forks	NPCorp	150	6,128	Req	63	12	No	175FM	4 Rotating General	54011
OHIO—Hospitals, 33; Internships, 313										
Akron City Hospital ◆1-3 525 E. Market St., Akron 9	NPCorp	480	17,500	Req	52	12	232	200FM	24 Rotating General	54111
Akron General Hospital ◆1 400 Wabash Ave., Akron 7	NPCorp	305	14,489	Req	46	12	232	200FM	20 Rotating General	54211
St. Thomas Hospital ◆1-3 444 N. Main St., Akron 10	Church	288	10,801	Req	52	12	233	200FM	15 Rotating General	54311
Barberton Citizens Hospital ◆1-3 Tuscora Park, Barberton	NPCorp	235	10,075	Req	44	12	No	225-400FM	12 Rotating General	96411
Aultman Hospital ◆1-3 625 Claredon Ave., S.W., Canton 10	NPCorp	492	17,256	Req	41	12	No	250PM	18 Rotating General	54411
Mercy Hospital ◆1-3 723 Market Ave., N., Canton 2	Church	309	14,281	Req	47	12	No	125FM	12 Rotating General	54511
Bethesda Hospital ◆1-3 Oak and Reading Rd., Cincinnati 6	Church	235	10,063	Req	47	12	234	210PM	6 Rotating General 4 Mixed (Med.-Ob.-Surg.)	54611 54609
Christ Hospital ◆1 2139 Auburn Ave., Cincinnati 19	NPCorp	356	11,465	Req	47	12	234	175FM	13 Rotating General	54711
University of Cincinnati Hospitals Group Cincinnati General Hospital ◆1-3-X65 3231 Burnet Ave., Cincinnati 29	City	815	16,140	Req	63	12	235	100FM	52 Rotating General	54811
Good Samaritan Hospital ◆1-3 3217 Clifton Ave., Cincinnati 20	Church	591	20,491	None	40	12	No	200FM	16 Rotating General	55011
Jewish Hospital ◆1-3 Burnet Ave., Cincinnati 29	NPCorp	387	16,481	Req	52	12	No	175FM	16 Rotating General	55111
St. Mary's Hospital ◆1-3 810 Betts St., Cincinnati 14	Church	204	5,547	Req	43	12	No	200FM	12 Rotating General	55211
Cleveland Clinic Hospital ◆ 2020 E. 93rd St., Cleveland 6	NPCorp	457	13,547	Req	66	12	241	100FM	12 Rotating General 4 Straight Surgery	96811 96833
Cuyahoga County Hospital ◆1-3-4-X66 3395 Scranton Rd., Cleveland 9	County	804	9,949	Req	59	12	No	92FM	16 Rotating General 4 Straight Medicine 4 Straight Surgery 2 Straight Pediatrics	55311 55332 55333 55334
Evangelical Deaconess Hospital ◆1-3 4229 Pearl Rd., Cleveland 9	Church	209	10,252	Req	38	12	No	100FM	12 Rotating General	90911
Fairview Park Hospital ◆1-3 18101 Lorain Ave., Cleveland 11	Church	294	11,524	Req	46	12	No	100FM	12 Rotating General	55411
Huron Road Hospital ◆1-3 12301 Terrace Rd., Cleveland 12	NPCorp	291	11,133	Req	50	12	No	200FM	12 Rotating General	57111
Lutheran Hospital ◆1-3 2606 Franklin Blvd., Cleveland 13	Church	189	7,524	Req	62	12	No	225PM	12 Rotating General	55611
Mount Sinai Hospital ◆1-3 1800 E. 105th St., Cleveland 6	NPCorp	345	14,469	Req	48	12	No	150FM	18 Rotating General	55711

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.

Abbreviations and other references will be found on pages 553 through 555.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
OHIO—Continued										
St. Alexis Hospital ¹·²·³ 5363 Broadway, Cleveland 27	Church	294	10,981	Req	40	12	No	200FM	8 Rotating General	55811
St. John's Hospital ²·³ 7911 Detroit Ave., Cleveland 2	Church	208	8,837	Req	33	12	No	175FM	7 Rotating General	55911
St. Luke's Hospital ¹·²·³·⁴ 11311 Shaker Blvd., Cleveland 4	Church	456	18,015	Req	50	12	No	120FM	27 Rotating General	56011
St. Vincent Charity Hospital ¹·²·³·⁴ 2222 Central Ave., Cleveland 15	Church	306	10,145	Req	50	12	242	200FM	15 Rotating General	56111
University Hospitals ¹·²·³ 2065 Adelbert Rd., Cleveland 6	NPCorp	933	23,299	Req	66	12	No	100FM	16 Rotating General 12 Straight Medicine 8 Straight Surgery 4 Straight Pediatrics 2 Straight Pathology	56211 56287 56233 56234 56236
Grant Hospital ²·³ 125 S. Grant Ave., Columbus 15	NPCorp	242	10,476	None	39	12	236	250FM	12 Rotating General	56411
Mount Carmel Hospital ¹·³ 793 W. State St., Columbus 22	Church	400	17,196	None	48	12	236	250FM	16 Rotating General	56511
University Hospitals ¹·³·⁴·X57 10th and Perry Sts., Columbus 10	State	589	20,809	Req	73	12	237	132FM	24 Rotating General 12 Straight Medicine 12 Straight Surgery	56611 56637 56633
White Cross Hospital ¹·²·³ 700 E. Park St., Columbus 8	Church	338	14,736	Req	45	12	236	275FM	14 Rotating General	56711
Good Samaritan Hospital ¹·²·³ 1425 W. Fairview Ave., Dayton 6	Church	366	16,275	Req	42	12	No	225FM	10 Rotating General	56811
Miami Valley Hospital ¹·²·³·⁴ 1 Wyoming St., Dayton 9	NPCorp	649	22,092	Req	59	12	No	225FM	16 Rotating General	56911
St. Elizabeth Hospital ¹·²·³ 49 Hopeland St., Dayton 8	Church	450	16,853	Req	41	12	No	200FM	16 Rotating General	57011
Elyria Memorial Hospital ¹·²·³ 630 E. River St., Elyria	NPCorp	242	8,857	Req	40	12	No	200FM	5 Rotating General	90111
Euclid-Glenville Hospital ¹·²·³ E. 185th St. and Lake Erie, Euclid 19	NPCorp	186	8,300	Req	40	12	No	100FM	10 Rotating General	55511
Marymount Hospital ¹·²·³ 12300 McCracken Rd., Garfield Heights 25	Church	190	7,934	Req	39	12	No	150FM	12 Rotating General	57211
Mercy Hospital ¹·²·³ 116 Dayton St., Hamilton	Church	300	12,655	Req	42	12	237	150FM	20 Rotating General	57311
Lakewood Hospital ¹·²·³ 14519 Detroit Ave., Lakewood 7	City	272	10,166	Req	42	12	No	175FM	6 Rotating General	57411
Lima Memorial Hospital ¹·²·³ Linden and Mobel Sts., Lima	NPCorp	302	11,088	Req	32	12	No	250FM	12 Rotating General	57511
St. Rita's Hospital ¹·²·³ 801 W. High St., Lima	Church	293	12,914	Req	54	12	243	225FM	12 Rotating General	57611
St. Joseph Hospital ¹·²·³ 3026 Broadway, Lorain	Church	216	10,035	Req	34	12	238	250FM	6 Rotating General	97311
Mercy Hospital ¹ 1343 N. Fountain Blvd., Springfield	Church	305	10,547	Req	52	12	No	250FM	9 Rotating General	67811
Springfield City Hospital ¹·³ 3615 E. High St., Springfield	City	206	10,158	Req	46	12	No	250FM	10 Rotating General	57711
Ohio Valley Hospital ¹·²·³ 380 Summit Ave., Steubenville	NPCorp	210	10,103	Req	28	12	No	225FM	8 Rotating General	92711
Flower Hospital ¹·²·³ 3349 Cherry St., Toledo 12	Church	167	7,765	Req	32	12	229	250FM	9 Rotating General	57811
Maumee Valley Hospital ¹·²·³ 1200 Arlington Ave., Toledo 9	County	220	4,237	Req	40	12	No	200FM	10 Rotating General	57911
Mercy Hospital ¹·²·³ 2221 Madison Ave., Toledo 2	Church	275	12,381	Req	55	12	No	250FM	14 Rotating General	58011
Riverside Hospital ¹·³ 1600 Summit St., Toledo 11	NPCorp	175	6,364	Req	36	12	No	265FM	7 Rotating General	58111
St. Charles Hospital ¹·²·³ Wheeling and Navarre Sts., Toledo 5	Church	225	8,927	Req	64	12	No	250FM	9 Rotating General	95111
St. Vincent's Hospital ¹·²·³ 2213 Cherry St., Toledo 8	Church	438	17,261	Req	41	12	244	250FM	15 Rotating General	58211
Toledo Hospital ¹·²·³ 2142 N. Cove Blvd., Toledo 6	NPCorp	278	12,224	Req	71	12	No	250FM	18 Rotating General	58311
Trumbull Memorial Hospital ¹·²·³ 1350 E. Market St., Warren	NPCorp	297	13,343	Req	38	12	No	250FM	17 Rotating General	98011
St. Elizabeth Hospital ¹·²·³ 1044 Belmont Ave., Youngstown 4	Church	483	17,300	Req	35	12	No	200FM	15 Rotating General	58411
Youngstown Hospital ¹·²·³·⁴ Oak Hill and Francis St., Youngstown 1, Gypsy Lane at Goleta Ave., Youngstown 4	NPCorp	710	24,924	Req	56	12	No	300-350	24 Rotating General	58511
Good Samaritan Hospital ¹·³ 1247 Ashland Ave., Zanesville	Church	224	7,213	Req	28	12	No	225FM	6 Rotating General	98111
OKLAHOMA—Hospitals, 6; Internships, 57										
Mercy Hospital—Oklahoma City General ¹·³ 501 N. W. 12th St., Oklahoma City 3	Church	220	7,183	Req	38	12	246	200PM	9 Rotating General	58611
St. Anthony Hospital ²·X58 907 N. W. 9th St., Oklahoma City 3	Church	387	16,449	Req	34	12	No	200PM	14 Rotating General	58711
University of Oklahoma Hospitals ¹·³·⁴·X59 800 N. E. 13th St., Oklahoma City 4	State	469	10,136	Req	62	12	301	150FM	10 Rotating General 6 Rot. (Med. Major) 4 Rot. (Surg. Major) 2 Rot. (Ped. Major) 2 Straight Pathology	58811 58812 58813 58814 .....
Wesley Hospital ¹·²·X60 300 N. W. 12th St., Oklahoma City 3	Part	207	9,963	Req	47	12	246	200FM	8 Rotating General	58911
Hillcrest Medical Center ¹·³ 1653 E. 12th St., Tulsa 20	NPCorp	350	18,379	Req	44	12	No	100FM	30 Rotating General	59111
St. John's Hospital ¹·³ 1923 S. Utica St., Tulsa 4	Church	632	24,405	Req	27	12	246	150FM	12 Rotating General	59211

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.
Abbreviations and other references will be found on pages 553 through 555.

195
V. 1

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Internship (Months)	Affiliated Service	Beginning Interval (Month)	Number and Type of Internships	Code Number
OREGON—Hospitals, 7; Internships, 18										
Sacred Heart General Hospital [1] 751 E. 12th Ave., Eugene	Church	270	11,855	Req	73	12	No	250FM	8 Rotating General	38811
Emanuel Hospital ✠[1-3] 2801 N. Gantenbein Ave., Portland 12	Church	445	18,475	Req	65	12	No	250FM	14 Rotating General	38411
Good Samaritan Hospital ✠[1-3] 1015 N. W. 22nd Ave., Portland 10	Church	447	14,786	Req	64	12	No	250FM	15 Rotating General 1 Straight Pathology	38511 38538
Portland Sanitarium and Hospital [1] 902 S. E. 60th Ave., Portland 15	Church	176	9,421	None	39	12	No	200FM	8 Rotating General	38811
Providence Hospital ✠[1-3] 700 N. E. 47th Ave., Portland 13	Church	290	12,280	Req	63	12	247	250	12 Rotating General	38711
St. Vincent's Hospital ✠[1-3] 2247 N. W. Westover Rd., Portland 10	Church	415	14,170	Req	56	12	248	250FM	12 Rotating General	38811
University of Oregon Medical School Hospitals and Clinics ✠[1-3]-**X60** 3181 S. W. Sam Jackson Park Rd., Portland 1	State	647	9,917	Req	64	12	No	100FM	28 Rotating General	38911
PENNSYLVANIA—Hospitals, 75; Internships, 556										
Abington Memorial Hospital ✠[1-3-4]-**x72** 1200 York Rd., Abington	NPCorp	332	11,667	Req	56	12	No	150FM	12 Rotating General	60011
Allentown Hospital ✠[1] 17th and Chew Sts., Allentown	NPCorp	500	16,015	Req	39	12	No	200FM	14 Rotating General	60111
Sacred Heart Hospital ✠[1-3] 4th and Chew Sts., Allentown	Church	464	10,494	Req	37	12	No	200FM	10 Rotating General	60211
Altoona Hospital ✠[1-3] 700 Howard Ave., Altoona	NPCorp	325	9,944	Req	33	12	249	300PM	12 Rotating General	60311
Mercy Hospital [1-3] 2601 8th Ave., Altoona	NPCorp	162	5,868	Req	38	12	No	300FM	4 Rotating General	60411
St. Luke's Hospital ✠[1] 801 Ostrum St., Bethlehem	NPCorp	300	11,370	Req	53	12	No	200FM	12 Rotating General	60511
Lower Bucks County Hospital [1] Bath Rd. and Orchard Ave., Bristol	NPCorp	150	10,218	Req	46	12	No	200FM	4 Rotating General	97411
Bryn Mawr Hospital ✠[1-3] Bryn Mawr Ave., Bryn Mawr	NPCorp	338	11,398	Req	56	12	No	175FM	12 Rotating General	60611
Butler County Memorial Hospital [1] Brady St., Butler	NPCorp	245	9,142	Req	25	12	No	300FM	8 Rotating General	98911
Chester Hospital ✠[1-4] 9th and Barclay Sts., Chester	NPCorp	281	10,627	Req	64	12	No	250FM	8 Rotating General	60711
George F. Geisinger Memorial Hospital ✠[1-3-4] Danville	NPCorp	270	10,247	Req	60	12	No	150FM	12 Rotating General	60811
Thomas M. Fitzgerald-Mercy Hospital✠ Lansdowne Ave. and Baily Rd., Darby	Church	338	12,372	Req	42	12	No	200FM	12 Rotating General	60911
Easton Hospital ✠[1-3-4] 21st and Lehigh Sts., Easton	NPCorp	255	8,836	Req	54	12	No	200FM	10 Rotating General	61011
Hamot Hospital ✠[1-3] 4 E. 2nd St., Erie 6	NPCorp	382	14,102	Req	41	12	No	200-225FM	10 Rotating General	61111
St. Vincent's Hospital ✠[1-3] 2420 Sassafras St., Erie 6	NPCorp	311	13,828	Req	44	12	No	200FM	10 Rotating General	61211
Westmoreland Hospital 532 W. Pittsburgh, Greensburg, Pa.	NPCorp	300	12,592	Req	27	12	No	300FM	4 Rotating General	61311
Harrisburg Hospital ✠[1-3-4]-**X70** Front and Mulberry Sts., Harrisburg	NPCorp	492	17,084	Req	66	12	No	200FM	18 Rotating General	61411
Harrisburg Polyclinic Hospital ✠[1] 3rd and Radnor Sts., Harrisburg	NPCorp	300	14,485	Req	51	12	No	200FM	16 Rotating General	61511
Conemaugh Valley Memorial Hospital ✠[1-3] 1086 Franklin St., Johnstown	NPCorp	432	15,293	Req	30	12	No	250FM	12 Rotating General	61611
Nesbitt Memorial Hospital [1] 562 Wyoming Ave., Kingston	NPCorp	202	6,643	Req	25	12	No	300FM	4 Rotating General	90211
Lancaster General Hospital ✠[1] 555 N. Duke St., Lancaster	NPCorp	450	14,778	Req	42	12	No	200FM	12 Rotating General	61811
St. Joseph's Hospital ✠[1] 250 College Ave. and Walnut St., Lancaster	Church	271	7,989	Req	51	12	No	200FM	4 Rotating General	61911
McKeesport Hospital [1] 1500 5th Ave., McKeesport	NPCorp	445	13,838	Req	37	12	No	275FM	10 Rotating General	62011
Allegheny Valley Hospital [1] 1301 Carlisle St., Natrona Heights	NPCorp	220	9,012	Req	26	12	254	225FM	6 Rotating General	90611
Montgomery Hospital ✠[1] Powell and Fornance Sts., Norristown	NPCorp	179	8,329	Req	39	12	No	250FM	6 Rotating General	62111
Sacred Heart Hospital ✠[1] 1430 DeKalb St., Norristown	Church	175	6,974	Req	51	12	No	250FM	2 Rotating General	62211
Albert Einstein Medical Center York and Tabor Rds., Philadelphia 41 Northern Division ✠[1-3]-**X72** Southern Division ✠[1-3]-**X70**	NPCorp	733	22,927	Req	49	12	No	75FM	45 Rotating General	63111
Chestnut Hill Hospital ✠[1] 8835 Germantown Ave., Philadelphia 18	NPCorp	135	6,127	Req	72	12	No	250FM	4 Rotating General	91011
Episcopal Hospital ✠[1-3-4]-**X72** Front St. and Lehigh Ave., Philadelphia 25	NPCorp	358	9,428	Req	38	12	No	150FM	12 Rotating General	62311
Frankford Hospital ✠[1-3] 4900 Frankford Ave., Philadelphia 24	NPCorp	188	10,524	Req	56	12	No	300FM	8 Rotating General	62411
Germantown Dispensary and Hospital ✠[1-3]-**x71-x74** E. Penn and Wister Sts., Philadelphia 44	NPCorp	308	9,915	Req	52	12	No	150FM	12 Rotating General	62511

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.
Abbreviations and other references will be found on pages 553 through 555.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
PENNSYLVANIA—Continued										
raduate Hospital of the University of Pennsylvania ✪1-2-4 19th and Lombard Sts., Philadelphia 46	NPCorp	332	8,472	Req	69	12	250	75FM	12 Rotating General	63611
ahnemann Medical College and Hospital ✪1-X70 230 N. Broad St., Philadelphia 2	NPCorp	588	14,106	Req	51	12	No	50PM	24 Rotating General	63711
ospital of the University of Pennsylvania ✪1-3-4-X71 3400 Spruce St., Philadelphia 4	NPCorp	810	21,955	Req	70	12	No	42FM	32 Rotating General	63811
ospital of the Woman's Medical College of Pennsylvania ✪1-X70 3300 Henry Ave., Philadelphia 29	NPCorp	206	6,980	Req	64	12	No	100FM	8 Rotating General	63911
efferson Medical College Hospital ✪2-4-X71 10th and Sansom Sts., Philadelphia 7	NPCorp	940	20,883	Req	55	12	No	50FM	38 Rotating General	63011
anheman Hospital ✪1-X71 Lancaster Ave. and City Line, Philadelphia 31	NPCorp	335	11,302	Req	64	12	No	175FM	12 Rotating General	63211
lemorial Hospital 1-2 5800 Ridge Ave., Philadelphia 28	NPCorp	149	4,700	Req	41	12	251	250FM	6 Rotating General	63311
lercy-Douglass Hospital ✪1 5800 Woodland Ave., Philadelphia 43	NPCorp	231	3,742	Req	44	12	No	100FM	6 Rotating General	63411
Methodist Episcopal Hospital ✪1-X71 Broad and Wolf Sts., Philadelphia 48	Church	229	6,647	Req	44	12	No	150-200FM	8 Rotating General	63511
Misericordia Hospital ✪1-X71 54th and Cedar Ave., Philadelphia 43	Church	280	9,482	Req	44	12	No	200FM	10 Rotating General	63611
Nazareth Hospital ✪1 9050 Holme Ave., Philadelphia 15	Church	205	9,250	Req	49	12	267	200FM	8 Rotating General	63811
Northeastern Hospital 1-2 Allegheny Ave. and Tulip St., Philadelphia 34	NPCorp	151	4,782	Req	40	12	232	400FM	4 Rotating General	97511
Pennsylvania Hospital ✪1-3-X71 8th and Spruce Sts., Philadelphia 7	NPCorp	412	13,283	Req	61	12	268	FM	18 Rotating General	63911
Philadelphia General Hospital ✪1-2-4-X70-71-72-73-74 34th St. and Curie Ave., Philadelphia 4	City	1,704	21,137	Req	54	12	No	50FM	108 Rotating General	64011
Presbyterian Hospital ✪1-4-X73-75 51 N. 39th St., Philadelphia 4	Church	333	9,216	Req	63	12	No	150FM	12 Rotating General	64111
St. Agnes Hospital 1-X70 1900 S. Broad St., Philadelphia 45	Church	340	8,527	Req	30	12	No	250FM	10 Rotating General	64211
St. Joseph's Hospital ✪1-3-4 16th St. and Girard Ave., Philadelphia 30	Church	200	6,284	Req	56	12	No	300FM	6 Rotating General	64311
St. Mary's Hospital ✪4-X71 Frankford Ave. and Palmer St. Philadelphia 25	Church	255	6,778	Req	30	12	No	300FM	6 Rotating General	64511
Allegheny General Hospital ✪1-4 320 E. North Ave., Pittsburgh 12	NPCorp	573	15,506	Req	45	12	No	182FM	18 Rotating General	64811
Health Center Hospitals of the University of Pittsburgh School of Medicine ✪1-3-X75 3941 O'Hara St., Pittsburgh 13	NPCorp	1,234	37,020	Req	72	12	269	100FM	20 Rotating General	65211
Mercy Hospital ✪1-3-X70 1400 Locust St., Pittsburgh 19	Church	650	15,573	Req	33	12	No	225FM	12 Rotating General	64911
Montefiore Hospital ✪1-3-4 3459 5th Ave., Pittsburgh 13	NPCorp	321	11,086	Req	47	12	No	200FM	12 Rotating General	65011
Pittsburgh Hospital ✪1-3 6855 Frankstown Ave., Pittsburgh 6	NPCorp	225	7,250	Req	33	12	No	200FM	6 Rotating General	65111
St. Francis General Hospital and Rehabilitation Institute ✪1-4-X75 400 45th St., Pittsburgh 1	NPCorp	683	15,757	Req	43	12	No	200FM	20 Rotating General	88111
St. John's General Hospital 1-3 3200 McClure Ave., Pittsburgh 12	NPCorp	211	6,312	Req	41	12	No	250FM	6 Rotating General	65411
St. Joseph's Hospital and Dispensary 1-3 2117 Carson St., Pittsburgh 3	Church	170	5,329	Req	45	12	No	250FM	6 Rotating General	65511
St. Margaret Memorial Hospital ✪1-3 265 46th St., Pittsburgh 1	Church	158	4,531	Req	50	12	No	275FM	4 Rotating General	65611
Shadyside Hospital ✪1 5000 Centre Ave., Pittsburgh 32	NPCorp	361	8,948	Req	53	12	No	300FM	12 Rotating General	65711
South Side Hospital ✪1-3-4 S. 20th and Jane Sts., Pittsburgh 3	NPCorp	313	9,558	Req	48	12	No	250FM	9 Rotating General	65811
Western Pennsylvania Hospital ✪1-4 4800 Friendship Ave., Pittsburgh 24	NPCorp	560	15,987	Req	53	12	No	200FM	18 Rotating General	65911
Community General Hospital ✪1-3 145 N. 6th St., Reading	NPCorp	174	6,563	Req	46	12	No	250FM	5 Rotating General	66011
Reading Hospital ✪1 6th and Spruce Sts., Reading	NPCorp	485	13,546	Req	51	12	No	200FM	14 Rotating General	66111
St. Joseph's Hospital ✪1-3 1215 Walnut St., Reading	Church	268	7,116	Req	46	12	No	250FM	6 Rotating General	66211
Robert Packer Hospital ✪1-3-X70 S. Wilbur Ave., Sayre	NPCorp	340	12,434	Req	60	12	No	150FM	10 Rotating General	66411
Scranton State Hospital ✪1-4 201 Mulberry St., Scranton 3	State	250	6,236	Req	29	12	No	248FM	10 Rotating General	66611
Sewickley Valley Hospital 1 Blackburn Rd., Sewickley	NPCorp	250	7,870	Req	33	12	No	300FM	6 Rotating General	66711
Uniontown Hospital 1-2 500 W. Berkeley St., Uniontown	NPCorp	278	9,606	Req	34	12	No	300FM	5 Rotating General	66811
Washington Hospital 1-3 155 Wilson Ave., Washington	NPCorp	312	8,862	Req	31	12	No	325FM	8 Rotating General	66911
Chester County Hospital ✪1 560 E. Marshall St., West Chester	NPCorp	189	5,290	Req	44	12	No	250FM	6 Rotating General	88211

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.
Abbreviations and other references will be found on pages 533 through 535.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
PENNSYLVANIA—Continued										
Mercy Hospital ◆[1-4] 196 Hanover St., Wilkes-Barre	NPCorp	193	6,616	Req	41	12	No	300FM	4 Rotating General	67011
Wilkes-Barre General Hospital ◆[1] N. River and Auburn Sts., Wilkes-Barre	NPCorp	379	9,580	Req	25	12	No	300FM	10 Rotating General	67111
Columbia Hospital ◆[1] 312 Penn Ave., Wilkinsburg 21	NPCorp	188	7,106	Req	36	12	No	300FM	6 Rotating General	67211
Williamsport Hospital ◆[1] 777 Rural Ave., Williamsport 20	NPCorp	312	9,753	Req	39	12	No	250FM	8 Rotating General	67311
York Hospital ◆[1] S. George St. and Rathton Rd., York	NPCorp	347	13,003	Req	40	12	No	275FM	10 Rotating General	67411
RHODE ISLAND—Hospitals, 6; Internships, 62										
Newport Hospital ◆[1-3] Friendship St., Newport	NPCorp	220	6,638	Req	37	12	No	160-150FM	8 Rotating General	67511
Memorial Hospital ◆[1-3] Prospect St., Pawtucket	NPCorp	225	8,162	Req	37	12	No	200FM	8 Rotating General	67611
Miriam Hospital ◆[1-3] 164 Summit Ave., Providence 6	NPCorp	160	6,015	Req	34	12	165	150FM	8 Rotating General	90311
Rhode Island Hospital ◆[1-3-4] 593 Eddy St., Providence 2	NPCorp	650	17,502	Req	42	12-24	270	100FM	18 Rotating General	67711
Roger Williams General Hospital [3] 825 Chalkstone Ave., Providence 8	NPCorp	211	7,980	Req	31	12	No	200FM	8 Rotating General	67811
St. Joseph's Hospital [1-3-4] 21 Peace St., Providence 7	Church	310	8,100	Req	28	12	163	150FM	12 Rotating General	67911
SOUTH CAROLINA—Hospitals, 6; Internships, 57										
Medical College of South Carolina Teaching Hospitals (Roper Hospital, 300 Calhoun St., Medical College Hospital, 55 Doughty St.) ◆[1-3]-X76 Charleston 16	NPCorp, State	328	13,637	Req	50	12	No	125FM	30 Rotating General	68011
Columbia Hospital of Richland County ◆[1] 2020 Hampton St., Columbia 4	County	448	14,892	Req	32	12	No	150FM	18 Rotating General	68111
McLeod Infirmary ◆[1] 121 W. Cheves St., Florence	NPCorp	209	8,619	Req	24	12	No	250PM	6 Rotating General	68211
Greenville General Hospital ◆[1-4] 100 Mallard St., Greenville	NPCorp	550	21,485	Req	36	12	No	225	24 Rotating General	68311
Orangeburg Regional Hospital [1] 550 Carolina Ave., N. E., Orangeburg	County	215	8,197	Req	27	12	No	300FM	4 Rotating General	68411
Spartanburg General Hospital ◆[1] 855 N. Church St., Spartanburg	County	370	15,901	Req	32	12	No	150FM	15 Rotating General	68511
SOUTH DAKOTA—Hospitals, 3; Internships, 24										
McKennan Hospital [1-3] 800 E. 21st St., Sioux Falls	Church	305	7,472	Req	33	12	No	150FM	7 Rotating General	68611
Sioux Valley Hospital ◆[1-3] 1128 S. Euclid Ave., Sioux Falls	NPCorp	230	9,834	Req	42	12	255	150FM	10 Rotating General	68711
Sacred Heart Hospital ◆[1-3] W. 4th St., Yankton	Church	208	4,790	Req	48	12	256	150FM	7 Rotating General	68811
TENNESSEE—Hospitals, 14; Internships, 247										
Baroness Erlanger Hospital ◆[1-3-4] 241 Wiehl St., Chattanooga 3	CyCo	478	18,604	Req	49	12	257	225FM	14 Rotating General 2 Mixed (Ob.-Surg.-Med.)	68911 68969
*Holston Valley Community Hospital [1] W. Ravine St., Kingsport	NPCorp	245	12,002	Req	34	12	No	250FM	8 Rotating General	.....
East Tennessee Baptist Hospital ◆[1-3] 301 Blount Ave., Knoxville 10	Church	254	12,048	Req	34	12	271	300FM	12 Rotating General	69011
St. Mary's Memorial Hospital ◆[1-3] Oak Hill Ave., Knoxville 17	Church	285	11,244	Req	35	12	No	225-300FM	12 Rotating General	69111
*University of Tennessee Memorial Research Center and Hospital ◆[1-3-4] Alcoa Hwy., Knoxville 20	State	252	6,047	Req	41	12	No	300FM	17 Rotating General	.....
Baptist Memorial Hospital ◆[1-3] 899 Madison Ave., Memphis 3	Church	811	32,840	Req	38	12	No	225PM	30 Rotating General	69411
*City of Memphis Hospitals ◆[1-3-4]-X77 (John Gaston Hospital) 880 Madison Ave., Memphis 3	City	695	22,965	Req	65	12	No	125-150FM	48 Rotating General	.....
Methodist Hospital ◆ 1265 Union Ave., Memphis 4	Church	283	14,685	Req	35	12	272	195-230PM	12 Rotating General	69611
*St. Joseph Hospital ◆[1-3] 264 Jackson Ave., Memphis 5	Church	280	20,853	Req	45	12	No	225PM	12 Rotating General	.....
Baptist Hospital ◆[1-3] 2000 Church St., Nashville 3	Church	300	14,942	Req	40	12	230	300FM	16 Rotating General	69911
George W. Hubbard Hospital ◆[1-3-4]-X78 1005 18th Ave., N., Nashville 8	Church	197	4,987	Req	49	12	No	125FM	12 Rotating General	69811
*Nashville General Hospital ◆[1-3] Hermitage Ave., Nashville 10	City	225	6,067	Req	30	12	No	175FM	12 Rotating General	.....
St. Thomas Hospital ◆[1-3] 2000 Hayes St., Nashville 4	Church	232	10,639	Req	30	12	306	300FM	12 Rotating General 4 Mixed (Med.-Surg.)	70111 70124
Vanderbilt University Hospital ◆[1-3]-X79 21st Ave. S. at Edgehill, Nashville 5	NPCorp	375	12,798	Req	61	12	No	35FM	12 Straight Medicine 12 Straight Surgery 7 Straight Pediatrics 3 Straight Pathology	70232 70233 70234 70236

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.
Abbreviations and other references will be found on pages 353 through 355.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
TEXAS—Hospitals, 23; Internships, 344										
Brackenridge Hospital †¹-xBI 15th St. and East Ave., Austin 1	City	255	8,884	Req	36	12	No	150FM	13 Rotating General	70411
Memorial Hospital ¹ 3200 Hospital Blvd., Corpus Christi	CyCo	270	11,440	Req	37	12	200	125FM	5 Rotating General	70511
Baylor University Hospital †¹-²-xBD 3500 Gaston Ave., Dallas 10	Church	588	29,338	Req	41	12	261	140FM	18 Rotating General 1 Straight Medicine 1 Straight Surgery	70611 70632 70633
Children's Medical Center †¹-²-¹-XBD 2300 Welborn St., Dallas 19	NPCorp	127	3,917	Req	54	12	262	50FM	4 Straight Pediatrics	96334
Methodist Hospital †¹-²-xBD 301 W. Colorado Blvd., Dallas 22	Church	288	17,190	Req	31	12	No	175FM	12 Rotating General	70711
Parkland Memorial Hospital †¹-²-¹-XBD 5201 Harry Hines Blvd., Dallas 19	Dist	804	16,109	Req	42	12	No	125PM	24 Rotating General 8 Straight Medicine	70811 70832
St. Paul's Hospital †¹-²-¹-xBD 3121 Bryan St., Dallas 4	Church	395	18,425	Req	54	12	No	125FM	14 Rotating General 1 Straight Medicine 1 Rot. (Med. Major) 1 Rot. (Surg. Major)	70911 70932 70912 70913
El Paso General Hospital ¹-² 4815 Alameda Ave., El Paso	CyCo	240	3,685	Req	83	12	No	150FM	8 Rotating General	71011
Hotel Dieu, Sisters' Hospital †² 1014 N. Stanton St., El Paso	Church	234	9,927	Req	47	12	No	150FM	6 Rotating General	95411
Harris Hospital †¹ 1300 W. Cannon St., Fort Worth 4	Church	405	20,855	Req	36	12	No	200FM	8 Rotating General	71211
John Peter Smith Hospital ¹-²-¹ 1500 S. Main St., Forth Worth 4	CyCo	200	5,019	Req	41	12	No	100FM	13 Rotating General	71111
St. Joseph's Hospital †¹ 1401 S. Main St. Forth Worth 4	Church	300	15,371	Req	39	12	No	200FM	17 Rotating General	71311
University of Texas Medical Branch Hospitals †¹-²-¹-XBD 8th and Mechanic Sts., Galveston	State	923	14,222	Req	58	12	No	110FM	36 Rotating General 3 Straight Pathology	71411 71436
Baylor University College of Medicine Hospitals, Houston Jefferson Davis Hospital †¹-²-¹-XBD 1801 Buffalo Dr., Houston 3	CyCo	480	14,819	Req	54	12	263	55FM	30 Rotating General 4 Straight Medicine 4 Straight Surgery 4 Straight Pediatrics	71611 71632 71633 71634
Methodist Hospital †¹-²-¹-XBD 6516 Bertner Ave., Houston 25	Church	304	14,300	Req	67	12	264	195FM	8 Rotating General 2 Straight Medicine 2 Straight Surgery	71711 71732 71733
Hermann Hospital †¹-XBD 1203 Ross Sterling Ave., Houston 25	NPCorp	665	28,048	Req	49	12	No	100FM	19 Rotating General	71511
Memorial Hospital †¹-² 600 Lamar Ave., Houston 2	Church	425	19,689	Req	41	12	No	195PM	10 Rotating General	98211
St. Joseph's Hospital †² 1919 Crawford St., Houston 3	Church	430	22,386	Req	42	12	No	100-150PM	6 Rotating General	71811
Baptist Memorial Hospital †¹-²-xBI 215 Camden St., San Antonio 2	Church	282	17,642	Req	45	12	No	100-150FM	8 Rotating General	72111
Robert B. Green Memorial Hospital †¹-²-¹-xBI 515 Morales St., San Antonio 7	Dist	280	9,271	Req	57	12	No	100FM	29 Rotating General	72211
Santa Rosa Hospital †¹-² 745 W. Houston St., San Antonio 7	Church	405	17,401	Req	55	12	No	200FM	12 Rotating General	72311
Scott and White Memorial Hospitals †¹-² 313 W. Avenue G., Temple	NPCorp	201	7,190	Req	38	12	No	200PM	8 Rotating General	72511
Providence Hospital ¹-² 1725 Colcord Ave., Waco	Church	200	7,176	Req	29	12	265	200FM	4 Rotating General	88811
UTAH—Hospitals, 6; Internships, 78										
St. Benedict's Hospital †¹-² 3000 Polk Ave., Ogden	Church	175	7,207	Req	69	12	No	275PM	10 Rotating General	72711
Thomas D. Dee Memorial Hospital †¹-xBI 2440 Harrison Blvd., Ogden	Church	226	10,260	Req	46	12	280	275PM	12 Rotating General	72811
Dr. W. H. Groves Latter-Day Saints Hospital †¹-² 325 8th Ave., Salt Lake City 3	Church	368	19,276	Req	52	12	281	200FM	16 Rotating General	72911
Holy Cross Hospital †¹-²-xBI 1045 E. First South St., Salt Lake City 2	Church	192	9,802	Req	58	12	274	150FM	6 Rotating General	73011
St. Mark's Hospital †¹-xBI 868 N. 2nd West St., Salt Lake City 16	Church	250	10,585	Req	42	12-24	No	250	4 Rot. Gen. (12 mo.) 4 Rot. Gen. (24 mo.)	73111 73116
Salt Lake County General Hospital †¹-XBI 3933 S. State St., Salt Lake City 15	County	228	3,981	Req	69	12	275	120PM	14 Rotating General 8 Straight Medicine 4 Straight Pediatrics	73211 73233 73234
VERMONT—Hospitals, 2; Internships, 21										
DeGoesbriand Memorial Hospital †¹-²-XBI 1 S. Prospect St., Burlington	Church	200	6,503	Req	54	12	No	100FM	9 Rotating General	73411
Mary Fletcher Hospital †¹-²-¹-XBI Colchester Ave., Burlington	NPCorp	217	7,679	Req	82	12	No	50FM	12 Rotating General	73511
VIRGINIA—Hospitals, 18; Internships, 234										
Alexandria Hospital †¹-² 700 Seminary Rd., Alexandria	NPCorp	201	10,761	Req	40	12	No	175PM	8 Rotating General	73611
University of Virginia Hospital †¹-XBI Charlottesville	State	500	15,531	Req	46	12	275	50FM	12 Rotating General 12 Straight Medicine 8 Straight Surgery 2 Mixed (Surg.-Med.)	73711 73732 73733 73734

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.
Abbreviations and other references will be found on pages 553 through 555.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Stipend (Month)	Number and Type of Internships	Code Number
VIRGINIA—Continued										
Chesapeake and Ohio Hospital ◆[1-3]..... Ridgeway St., Clifton Forge	NPCorp	210	7,406	None	49	12	No	175FM	4 Straight Medicine	80232
Memorial Hospital ◆[1]..... 142 S. Main St., Danville	NPCorp	275	13,318	Req	48	12	No	250FM	10 Rotating General	80811
Mary Immaculate Hospital ◆..... Blair and Buxton Aves., Newport News	Church	144	6,517	None	37	12	No	150FM	5 Rotating General	80411
Riverside Hospital ◆[1-3]..... 245 30th St., Newport News	NPCorp	214	8,804	Req	35	12	No	200FM	9 Rotating General	73911
DePaul Hospital ◆[1-3]..... Kingsley Lane and Granby St., Norfolk 5	Church	259	13,748	Req	39	12	No	150FM	12 Rotating General	74011
Norfolk General Hospital ◆[1-3]..... Raleigh and Colley Aves., Norfolk 7	NPCorp	301	13,198	Req	45	12	No	160-190FM	16 Rotating General 1 Rot. (Med. Major) 1 Rot. (Surg. Major) 1 Rot. (Ped. Major) 1 Rot. (Ob.-Gyn. Major)	74111 74112 74113 74114 74115
Petersburg General Hospital ..... Mt. Erin and S. Adams St., Petersburg	NPCorp	270	11,240	Req	32	12	No	200FM	10 Rotating General	99811
Maryview Hospital ..... Western Branch Blvd., Portsmouth	Church	212	6,771	Req	40	12	No	200FM	6 Rotating General	99711
Johnston-Willis Hospital ◆[1-3]..... 2000 Kensington Ave., Richmond 21	Corp	235	8,023	Req	55	12	277	200FM	12 Rotating General	74211
Medical College of Virginia Hospital Division ◆[1-3]-[4]-[X68]..... (Memorial, Dooley, and St. Philip Hospitals) 1200 E. Broad St., Richmond 19	State	1,084	27,065	Req	47	12	No	75FM	40 Rotating General 6 Straight Medicine 8 Straight Surgery 2 Straight Pathology	74311 74332 74333 74336
Richmond Memorial Hospital ◆..... 1300 Westwood Ave., Richmond 27	NPCorp	256	6,840	Req	34	12	No	250FM	12 Rotating General	99811
Stuart Circle Hospital [1-3]..... 415 Stuart Circle, Richmond 20	Corp	150	4,726	Req	53	12	278	240-250FM	6 Rotating General	74411
Jefferson Hospital ◆[1-3]..... 1313 Franklin Rd., S. W., Roanoke 16	NPCorp	151	6,232	Req	40	12	276	150FM	6 Mixed (Surg.-Med.-Ob.)	74609
Lewis Gale Hospital ◆[1-3]..... 3rd St. and Luck Ave., S. W., Roanoke 11	Corp	180	6,591	Req	24	12	No	225FM	6 Rotating General	74711
Roanoke Memorial Hospital [1-3]..... Belleview and Lake Aves., Roanoke 14	NPCorp	325	11,200	Req	43	12	No	250FM	12 Rotating General	74811
Winchester Memorial Hospital [1]..... S. Stewart St., Winchester	NPCorp	254	10,043	Req	40	12	No	250FM	6 Rotating General	74911
WASHINGTON—Hospitals, 13; Internships, 151										
Children's Orthopedic Hospital ◆[1]-[X67]..... 4800 Sandpoint Way, Seattle	NPCorp	200	6,116	Req	96	12	No	125-175FM	2 Straight Pediatrics	99884
Doctors Hospital ◆[1]-[4]-[X67]..... 909 University St., Seattle 1	NPCorp	187	9,792	None	59	12	282	200FM	8 Rotating General	73111
King County Hospital ◆[1-3]-[X67]..... Unit No. 1 (Harborview) 325 9th Ave., Seattle 4	County	450	11,045	Req	61	12	No	90FM	36 Rotating General	73211
Providence Hospital ◆[1-3]-[X67]..... 17th and E. Jefferson St., Seattle 22	Church	355	15,669	Req	56	12	No	175-200FM	16 Rotating General	73311
Seattle General Hospital [1-3]..... 5th Ave. and Marion St., Seattle 4	NPCorp	116	5,026	Req	36	12	282	150FM	5 Rotating General	73411
Swedish Hospital ◆[1-3]-[X67]..... 1212 Columbia St., Seattle 4	NPCorp	375	17,737	Req	52	12	282	200PM	16 Rotating General	73511
Virginia Mason Hospital ◆[1-3]-[X67]..... 1111 Terry Ave., Seattle 1	NPCorp	217	11,051	Req	80	12	282	125-225FM	12 Rotating General	73611
Deaconess Hospital ◆[1-3]..... 733 W. 4th Ave., Spokane 4	Church	254	12,934	None	45	12	No	200FM	12 Rotating General	73711
Sacred Heart Hospital ◆[2]..... 101 8th Ave., Spokane 4	Church	489	23,475	Req	37	12	No	200FM	15 Rotating General	73811
St. Luke's Hospital ◆[1-3]..... 830 N. Summit Blvd., Spokane 11	NPCorp	257	7,431	None	47	12	No	200FM	6 Rotating General	73911
Pierce County Hospital [1-3]..... 3562 Pacific Ave., Tacoma 8	County	205	4,961	Req	36	12	285	215FM	11 Rotating General	76011
St. Joseph Hospital ◆[1-3]..... 1812 S. Eye St., Tacoma 3	Church	219	9,205	Req	41	12	No	250FM	6 Rotating General	76111
Tacoma General Hospital ◆[1-3]..... 315 South K St., Tacoma 5	NPCorp	216	11,018	None	39	12	286	150FM	8 Rotating General	76211
WEST VIRGINIA—Hospitals, 10; Internships, 89										
Charleston General Hospital ◆[1-3]..... Brooks St. and Elmwood Ave., Charleston 25	NPCorp	240	9,753	Req	43	12	No	200FM	10 Rotating General	76411
Kanawha Valley Hospital ◆[2]..... 1014 Virginia St., E., Charleston 1	Corp	151	5,376	Req	31	12	No	150FM	6 Rotating General	76511
Memorial Hospital ◆[1-3]..... 3200 Noyes Ave., S. E., Charleston 4	NPCorp	261	10,479	Req	55	12	No	200FM	10 Rotating General	90211
Cabell Huntington Hospital ◆[1]..... 1340 16th St., Huntington 3	NPCorp	238	7,114	Req	44	12	No	225FM	8 Rotating General	97611
St. Mary's Hospital ◆[1-3]..... 2800 1st Ave., Huntington 2	Church	320	13,008	Req	38	12	No	200-250FM	14 Rotating General	76611
Camden-Clark Memorial Hospital◆ [1-3]..... 717 Ann St., Parkersburg	City	195	8,009	Req	20	12	No	150FM	4 Rotating General	76711
St. Joseph's Hospital ◆[1-3]..... 1801 Market St., Parkersburg	Church	195	8,761	Req	32	12	No	150FM	6 Rotating General	94411
Weirton General Hospital [1-3]..... Weirton	NPCorp	175	6,948	Req	31	12	283	250FM	6 Rotating General	90111

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations. Abbreviations and other references will be found on pages 553 through 555.

Name of Hospital and Location	Control	Total Beds	Number of Patients Admitted	Outpatient Service	Autopsy Percentage	Length of Program (Months)	Affiliated Service	Beginning Dates (Month)	Number and Type of Internships	Code Number
WEST VIRGINIA—Continued										
Ohio Valley General Hospital ◆[1-2] 3000 Eoff St., Wheeling	NPCorp	259	9,704	Req	43	12	No	2nd PM	15 Rotating General	76011
Wheeling Hospital [1-2-4] 109 Main St., Wheeling	Church	235	9,047	Req	27	12	No	2nd PM	10 Rotating General	77011
WISCONSIN—Hospitals, 21; Internships, 204										
Luther Hospital ◆[1-2] 310 Chestnut St., Eau Claire	NPCorp	224	8,616	Req	60	12	No	2nd PM	4 Rotating General	77111
St. Agnes Hospital [1] 430 E. Division St., Fond du Lac	Church	376	9,900	Req	33	12	No	1st PM	6 Rotating General	98311
Mercy Hospital ◆[1-2] 508 N. Washington St., Janesville	Church	225	6,808	Req	34	12	No	1st PM	5 Rotating General	77311
La Crosse Lutheran Hospital ◆[1-2] 1910 South Ave., La Crosse	Church	260	6,690	Req	50	12	No	2nd PM	6 Rotating General	77411
St. Francis Hospital [1-2] 709 S. 10th St., La Crosse	Church	249	11,508	Req	46	12	No	2nd PM	8 Rotating General	77511
Madison General Hospital ◆[1-4-X29] 625 Mound St., Madison 5	NPCorp	300	12,052	None	51	12	No	1st-2nd PM	14 Rotating General	77611
Methodist Hospital ◆[1-4-X29] 309 W. Washington Ave., Madison 3	Church	149	4,852	Req	62	12	No	1st PM	3 Rotating General	77711
St. Mary's Hospital ◆[1-4-X29] 720 S. Brooks St., Madison 5	Church	272	10,141	None	43	12	No	1st-2nd PM	10 Rotating General	77811
University Hospitals ◆[1-4-X29] 1300 University Ave., Madison 6	State	838	13,315	Req	78	12	No	1st PM	12 Mixed (Med.-Surg.) 6 Mixed (Surg.-Med.)	77909 77904
St. Joseph's Hospital ◆[1] 611 St. Joseph's Ave., Marshfield	Church	250	8,825	Req	53	12	No	2nd PM	7 Rotating General	78011
Columbia Hospital ◆[1-2] 3321 N. Maryland Ave., Milwaukee 11	NPCorp	363	8,084	Req	72	12	287	1st PM	10 Rotating General	78111
Evangelical Deaconess Hospital ◆[1-2] 4680 N. 19th St., Milwaukee 3	Church	257	10,950	Req	74	12	292	2nd PM	14 Rotating General	78211
*Milwaukee Children's Hospital ◆[1-2-4-X29] 721 N. 17th St., Milwaukee 3	NPCorp	160	6,503	Req	81	12	292	1st PM	2 Straight Pediatrics	.....
Milwaukee County Hospital ◆[1-2-4-X29] 8700 W. Wisconsin Ave., Milwaukee 13	County	950	21,928	Req	35	12	No	1st PM	30 Rotating General	78411
Milwaukee Hospital ◆[1-4-X29] 2230 W. Kilbourn Ave., Milwaukee 3	Church	342	11,235	Req	61	12	288	1st PM	12 Rotating General	78511
Misericordia Hospital [1-2] 1255 N. 22nd St., Milwaukee 5	Church	134	9,048	None	63	12	287	2nd PM	6 Rotating General	80711
Mount Sinai Hospital ◆[2] 950 N. 12th St., Milwaukee 3	NPCorp	235	8,788	Req	23	12	289	2nd PM	12 Rotating General	78711
St. Joseph's Hospital ◆[1-4-X29] 5000 W. Chambers St., Milwaukee 10	Church	370	15,007	Req	43	12	290	2nd PM	12 Rotating General	78811
St. Luke's Hospital ◆[1-2] 2900 W. Oklahoma Ave., Milwaukee 15	NPCorp	299	9,675	Req	49	12	294	2nd PM	13 Rotating General	78911
St. Mary's Hospital ◆[1-2] 2320 N. Lake Dr., Milwaukee 11	Church	300	8,159	Req	57	12	291	1st PM	16 Rotating General	79011
St. Michael Hospital ◆[2] W. Villard Ave. and N. 25th St., Milwaukee 12	Church	221	5,738	Req	41	12	No	1st PM	8 Rotating General	79111
St. Mary's Hospital [1-2] Maple Hill, Wausau	Church	220	8,703	Req	40	12	No	1st PM	6 Rotating General	79511
CANAL ZONE—Hospitals, 1; Internships, 15										
Gorgas Hospital ◆[1] Balboa Heights Personnel Director, Panama Canal Company, Balboa Heights	Fed	324	8,695	Req	80	12	No	261	15 Rotating General	80611
HAWAII—Hospitals, 3; Internships, 30										
*Kuakini Hospital [1-2] 347 N. Kuakini St., Honolulu 17	NPCorp	140	7,744	Req	46	24	295	50-175FM-1st	12 Rotating General	.....
Queen's Hospital ◆[1] 1301 Punchbowl St., Honolulu 9	NPCorp	356	15,861	Req	65	12	No	100FM	15 Rotating General	80611
*St. Francis Hospital ◆[1-2] 2260 Liliha St., Honolulu 17	Church	222	10,562	Req	56	12	No	100FM	12 Rotating General	.....
PUERTO RICO—Hospitals, 9; Internships, 127										
*Aguadilla District Hospital ◆[1-2] Aguadilla	State	280	6,521	Req	94	12	305	100FM	12 Rotating General	.....
*Arecibo District Hospital ◆[1] Lares Rd., Arecibo	State	280	6,797	Req	77	12	No	75FM	15 Rotating General	.....
*Bayamon District Hospital ◆[1-2-4-X29] Insular Highway No. 2, Bayamon	State	280	7,549	Req	53	12	No	100FM	16 Rotating General	.....
*Fajardo District Hospital [1-2] General Valero Ave., Fajardo	State	280	6,121	Req	50	12	No	100FM	12 Rotating General	.....
*Hospital de Damas [1-2] Concordia St., Ponce	Church	153	5,464	Req	39	12	No	100FM	7 Rotating General	.....
*Ponce District General Hospital ◆ Ponce	State	412	6,898	Req	60	12	No	100FM	20 Rotating General	.....
*Rio Piedras Municipal Hospital [1-2] Pinero St., Rio Piedras	City	205	6,917	Req	47	12	No	75FM	13 Rotating General	.....
*Presbyterian Hospital [1-2-X29] Ashford Ave., San Juan 1	NPCorp	132	3,921	Req	30	12	No	75FM	8 Rotating General	.....
*San Juan City Hospital ◆[1-2-X29] De Diego Ave., San Juan 34	City	340	11,253	Req	37	12	No	75FM	24 Rotating General	.....

Hospitals designated with an asterisk (*) in this listing do not participate in the National Intern Matching Program, sponsored by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges, and other cooperating organizations.
Abbreviations and other references will be found on pages 553 through 555.

HOSPITALS APPROVED FOR INTERNSHIPS IN THE DOMINION OF CANADA

The following list of hospitals that conform to the standards of the Canadian Medical Association is published for the information of graduates interested in an internship appointment in a Canadian hospital. Hospitals that are unqualifiedly approved as conforming to the standards of the Canadian Medical Association may be considered as offering internships equivalent in educational value to those in hospitals approved for intern training by the Council.

This list, revised to June 15, 1958, was furnished by the Canadian Medical Association.

Name of Hospital	Location
Royal Columbian Hosp.	New Westminster, B. C.
Trail-Tadanac Hospital	Trail, B. C.
St. Paul's Hospital	Vancouver, B. C.
Vancouver General Hospital	Vancouver, B. C.
Royal Jubilee Hospital	Victoria, B. C.
St. Joseph's Hospital	Victoria, B. C.
Calgary General Hospital	Calgary, Alta.
Holy Cross Hospital	Calgary, Alta.
Edmonton General Hospital	Edmonton, Alta.
Misericordia Hospital	Edmonton, Alta.
Royal Alexandria Hospital	Edmonton, Alta.
University of Alberta Hosp.	Edmonton, Alta.
St. Michael's General Hosp.	Lethbridge, Alta.
Moose Jaw Union Hospital	Moose Jaw, Sask.
Regina General Hospital	Regina, Sask.
Regina Grey Nuns' Hospital	Regina, Sask.
St. Paul's Hospital	Saskatoon, Sask.
Saskatoon City Hospital	Saskatoon, Sask.
University Hospital	Saskatoon, Sask.
St. Boniface General Hosp.	St. Boniface, Man.
Grace Hospital	Winnipeg, Man.
Misericordia Hospital	Winnipeg, Man.
Winnipeg General Hospital	Winnipeg, Man.
McKellar General Hospital	Fort William, Ont.
Hamilton General Hospital	Hamilton, Ont.
St. Joseph's Hospital	Hamilton, Ont.
Hotel-Dieu Hospital	Kingston, Ont.
Kingston General Hospital	Kingston, Ont.
Kitchener-Waterloo Hospital	Kitchener, Ont.
St. Joseph's Hospital	London, Ont.
Victoria Hospital	London, Ont.
Ottawa Civic Hospital	Ottawa, Ont.
Ottawa General Hospital	Ottawa, Ont.
Gen. Hosp. of Port Arthur	Port Arthur, Ont.
St. Joseph's General Hosp.	Port Arthur, Ont.
St. Catherines Gen. Hosp.	St. Catherines, Ont.
St. Joseph's Hospital	Sarnia, Ont.
Sarnia General Hospital	Sarnia, Ont.
Sudbury General Hospital	Sudbury, Ont.
New Mount Sinai Hospital	Toronto, Ont.
St. Joseph's Hospital	Toronto, Ont.
St. Michael's Hospital	Toronto, Ont.
Toronto E. Gen. & Ortho. Hosp.	Toronto, Ont.
Toronto General Hospital	Toronto, Ont.
Toronto Western Hospital	Toronto, Ont.
Women's College Hospital	Toronto, Ont.
Grace Hospital	Windsor, Ont.
Hotel-Dieu of St. Joseph Hosp.	Windsor, Ont.
Metropolitan General Hospital	Windsor, Ont.
Hotel-Dieu Saint-Vallier	Chicoutimi, Que.
Hospital St. Luc	Montreal, Que.
Hotel-Dieu de Montreal	Montreal, Que.
Jewish General Hospital	Montreal, Que.
Maisonneuve Hospital	Montreal, Que.
Montreal General Hospital	Montreal, Que.
Notre-Dame Hospital	Montreal, Que.
Queen Elizabeth Hospital	Montreal, Que.
Royal Victoria Hospital	Montreal, Que.
St. Mary's Hospital	Montreal, Que.
Hospital de l'Enfant-Jesus	Quebec, Que.
Hospitel du Saint-Sacrement	Quebec, Que.
Hotel Dieu de Quebec	Quebec, Que.
Jeffery Hale's Hospital	Quebec, Que.
Reddy Mem. Hosp. (Westmount)	Quebec, Que.
Hotel Dieu de Sherbrooke	Sherbrooke, Que.
Hospital General de Verdun	Verdun, Que.
Victoria Public Hospital	Fredericton, N. B.
Moncton Hospital	Moncton, N. B.
Saint John Gen. Hospital	Saint John, N. B.
Victoria General Hospital	Halifax, N. S.
Halifax Infirmary	Halifax, N. S.
St. John's General Hospital	St. John's, Nfld.

ABBREVIATIONS AND NOTES

1. Appointments available to women applicants
2. Appointments restricted to women applicants
3. Appointments available to graduates of foreign medical schools. Details regarding requirements for appointment can be secured from the hospitals concerned.
4. Dental internships available
5. Available to citizens of the United States only

Cy/Co	City and County		Req	Required
Corp	Corporation unrestricted as to profit		FM	Full maintenance
			PM	Partial maintenance
Dist	Hospital District			
NPCorp	Nonprofit corporation			
Part	Partnership			

♦ The plus sign indicates additional approval for residencies in specialties, as shown in the Council's list of Approved Residencies and Fellowships.

Medical School Affiliations

Footnotes 10 to 90 refer to medical schools affiliated with hospitals for undergraduate clinical clerkships.

Hospitals have been identified with symbol **1** when a medical school has indicated that the hospital is a major unit in the school's teaching program. Hospitals have been identified with symbol **2** when a medical school has indicated that the hospital is used to a limited extent in the school's teaching program.

10. Medical College of Alabama, Birmingham, Ala.
11. University of Arkansas School of Medicine, Little Rock, Ark.
12. College of Medical Evangelists School of Medicine, Loma Linda, Los Angeles
13. University of California School of Medicine, Los Angeles
14. University of Southern California School of Medicine, Los Angeles
15. Stanford University School of Medicine, San Francisco
16. University of California School of Medicine, San Francisco
17. University of Colorado School of Medicine, Denver
18. Yale University School of Medicine, New Haven, Conn.
19. Georgetown University School of Medicine, Washington, D. C.
20. George Washington University, Washington, D. C.
21. Howard University College of Medicine, Washington, D. C.
22. University of Florida College of Medicine, Gainesville, Fla.
23. University of Miami School of Medicine, Miami, Fla.
24. Emory University School of Medicine, Atlanta (Emory University), Ga.
25. Medical College of Georgia, Augusta, Ga.
26. Chicago Medical School, Chicago
27. Northwestern University Medical School, Chicago
28. Stritch School of Medicine of Loyola University, Chicago
29. University of Chicago, The School of Medicine, Chicago
30. University of Illinois College of Medicine, Chicago
31. Indiana University School of Medicine, Bloomington, Indianapolis, Ind.
32. State University of Iowa College of Medicine, Iowa City
33. University of Kansas School of Medicine, Lawrence-kansas City, Kan.
34. University of Louisville School of Medicine, Louisville, Ky.
35. Louisiana State University School of Medicine, New Orleans
36. Tulane University School of Medicine, New Orleans
37. Johns Hopkins University School of Medicine, Baltimore
38. University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore
39. Boston University School of Medicine, Boston
40. Harvard Medical School, Boston
41. Tufts University School of Medicine, Boston
42. University of Michigan Medical School, Ann Arbor, Mich.
43. Wayne State University College of Medicine, Detroit
44. University of Minnesota Medical School, Minneapolis
45. University of Mississippi School of Medicine, University, Miss.
46. University of Missouri School of Medicine, Columbia, Mo.
47. St. Louis University School of Medicine, St. Louis
48. Washington University School of Medicine, St. Louis
49. Creighton University School of Medicine, Omaha
50. University of Nebraska College of Medicine, Omaha
51. Seton Hall College of Medicine, Jersey City, N. J.
52. Albany Medical College, Albany, N. Y.
53. University of Buffalo School of Medicine, Buffalo
54. Albert Einstein College of Medicine, New York City
55. Columbia University College of Physicians and Surgeons, New York City
56. Cornell University Medical College, New York City
57. New York Medical College, Flower and Fifth Avenue Hospitals, New York City
58. New York University College of Medicine, New York City
59. State University of New York College of Medicine, New York City
60. University of Rochester School of Medicine and Dentistry, Rochester, N. Y.
61. State University of New York College of Medicine, Syracuse, N. Y.
62. University of North Carolina School of Medicine, Chapel Hill, N. C.
63. Duke University School of Medicine, Durham, N. C.
64. Bowman Gray School of Medicine of Wake Forest College, Winston-Salem, N. C.
65. University of Cincinnati College of Medicine, Cincinnati
66. Western Reserve University School of Medicine, Cleveland
67. Ohio State University College of Medicine, Columbus
68. University of Oklahoma School of Medicine, Oklahoma City
69. University of Oregon Medical School, Portland, Ore.
70. Hahnemann Medical College and Hospital, Philadelphia
71. Jefferson Medical College, Philadelphia
72. Temple University School of Medicine, Philadelphia
73. University of Pennsylvania School of Medicine, Philadelphia
74. Woman's Medical College of Pennsylvania, Philadelphia
75. University of Pittsburgh School of Medicine, Pittsburgh
76. Medical College of South Carolina, Charleston, S. C.
77. University of Tennessee College of Medicine, Memphis, Tenn.
78. Meharry Medical College, Nashville, Tenn.
79. Vanderbilt University School of Medicine, Nashville, Tenn.
80. University of Texas Southwestern Medical School, Dallas, Texas
81. University of Texas Medical Branch, Galveston, Texas
82. Baylor University College of Medicine, Houston, Texas
83. University of Utah School of Medicine, Salt Lake City
84. University of Vermont College of Medicine, Burlington, Vt.
85. University of Virginia School of Medicine, Charlottesville, Va.
86. Medical College of Virginia, Richmond, Va.
87. University of Washington School of Medicine, Seattle
88. University of Wisconsin Medical School, Madison, Wis.
89. Marquette University School of Medicine, Milwaukee
90. University of Puerto Rico School of Medicine, San Juan, P. R.

Affiliations as Referred to in Column Headed: "Affiliated Service"

100. Children's Hospital, Birmingham, Ala.
101. Crippled Children's Clinic and Hospital, Children's Hospital, Veterans Administration Hospital, Birmingham, Ala.
102. Pima County General Hospital, Tucson, Ariz.
103. Arkansas Children's Hospital, Little Rock, Ark.
105. Santa Monica Hospital, Santa Monica, Calif.
106. Los Angeles County Hospital, Los Angeles
107. Children's Hospital, Los Angeles
108. Children's Hospital, Los Angeles
109. University of California Hospital, Los Angeles County Hospital, Los Angeles; Harbor General Hospital, Torrance, Calif.
110. Fairmont Hospital of Alameda County, San Leandro, Calif.

111. City of Hope Medical Center, Duarte, Calif.
112. Los Angeles County Hospital, Los Angeles
113. U. S. Naval Hospital, San Diego, Calif.
114. Mary's Help Hospital, Children's Hospital, San Francisco; Southern Pacific Hospital and Sanatorium, Tucson, Ariz.
115. Children's Hospital, San Francisco
116. Agnews State Hospital, Agnews, Calif.
117. California Hospital, Los Angeles
118. St. Francis Hospital, Colorado Springs, Colo.
119. St. Luke's Hospital, St. Joseph's Hospital, Presbyterian Hospital, Porter Sanitarium and Hospital, Denver
120. University of Colorado Medical Center, Denver
121. Children's Hospital, Denver
122. Denver General Hospital, Colorado General Hospital, Children's Hospital, Denver
123. Hospital of St. Raphael, New Haven, Conn.
124. Yale-New Haven Medical Center, New Haven, Conn.
125. Hartford Hospital, Hartford, Conn.
126. Laguna Honda Home, San Francisco
127. Children's Hospital, Washington, D. C.
128. District of Columbia General Hospital, Washington, D. C.
129. DeWitt Army Hospital, Fort Belvoir, Va.; U. S. Air Force Hospital, Washington, D. C.
130. Children's Hospital, District of Columbia General Hospital, Washington, D. C.
131. Duval Medical Center, Jacksonville, Fla.
132. Variety Children's Hospital, Miami, Fla.
133. Jackson Memorial Hospital, Miami, Fla.
134. Grady Memorial Hospital, Atlanta, Ga.
135. University Hospital, Augusta, Ga.
136. Maricopa County General Hospital, Phoenix, Ariz.
137. Children's Hospital, St. Joseph's Hospital, San Francisco
138. Santa Barbara General Hospital, Santa Barbara, Calif.
139. Arlington Hospital, Arlington, Va.
140. Escambia County Health Department Clinic, Pensacola, Fla.
141. Clara Frye Municipal Hospital, Tampa, Fla.
142. Mercy Hospital, St. Petersburg, Fla.
143. Children's Memorial Hospital, Chicago
144. Cook County Hospital, Frank Cuneo Memorial Hospital, Chicago
145. Mercy Hospital, Chicago
146. Lewis Memorial Maternity Hospital, Chicago
147. Northern Indiana Children's Hospital, South Bend, Ind.
148. Booth Memorial Hospital, Des Moines, Iowa
149. Broadlawns Polk County Hospital, Des Moines, Iowa
150. Mercy Hospital, Kansas City, Kan.
151. Sedgwick County Hospital, Booth Memorial Hospital, Wichita, Kan.
152. Halstead Hospital, Halstead, Kan.
153. St. Joseph Infirmary, Louisville, Ky.
154. Charity Hospital of Louisiana, New Orleans, La.
155. Confederate Memorial Medical Center, Shreveport, La.
156. Indianapolis General Hospital, Indianapolis
157. Children's Mercy Hospital, Kansas City, Mo.
158. University Hospital, Baltimore
159. Peninsula General Hospital, Salisbury, Md.
160. Charles V. Chapin Hospital, Providence, R. I.
161. St. Margaret's Hospital, Dorchester, Mass.
162. Beth Israel Hospital, Boston
163. Haynes Memorial Hospital, Brighton, Mass.
164. Boston City Hospital, Boston; Veterans Administration Hospital, Providence, R. I.
165. Eastern Maine General Hospital, Bangor, Maine; Central Maine General Hospital, Lewiston, Maine; Boston Floating Hospital, Boston; Burbank Hospital, Fitchburg, Mass.
166. Boston Floating Hospital, Boston
167. Robert Breck Brigham Hospital, Boston
168. St. Margaret's Hospital, Boston City Hospital, Boston
169. Boston Lying-in Hospital, Boston
170. Fall River General Hospital, Fall River, Mass.
171. Addison Gilbert Hospital, Gloucester, Mass.
172. Wesson Maternity Hospital, Springfield, Mass.
173. Beyer Memorial Hospital, Ypsilanti, Mich.; Blodgett Memorial Hospital, Grand Rapids, Mich.; McLaren General Hospital, Flint, Mich.; Mercy Hospital, Benton Harbor, Mich.; Midland Hospital, Midland, Mich.; Saginaw General Hospital, Saginaw, Mich.; St. Joseph Mercy Hospital, Ann Arbor, Mich.
174. Wayne County General Hospital and Infirmary, Eloise, Mich., Herman Kiefer Hospital, Detroit
175. Receiving Hospital, Children's Hospital, Detroit
176. Harper Hospital, Detroit
177. Receiving Hospital, Children's Hospital, Detroit
178. Herman Kiefer Hospital, Detroit; St. Joseph's Retreat, Dearborn, Mich.; Wayne County General Hospital and Infirmary, Eloise, Mich.
179. Herman Kiefer Hospital, Receiving Hospital-Redford Branch, Detroit
180. Southbury Training School, Southbury, Conn.; Veterans Administration Hospital, West Haven, Conn.
181. University Hospital, Baltimore
182. Baltimore City Hospital, Baltimore
183. Miller Memorial Hospital, Duluth, Minn.
184. University of Minnesota Hospitals, Minneapolis
185. Children's Hospital, St. Paul
186. Children's Hospital, Detroit
187. Herman Kiefer Hospital, Women's Hospital, Detroit
188. Genesee County Tuberculosis Sanatorium, Flint, Mich.
189. Evangeline Home and Hospital, Michigan Veterans Facility Hospital, Mary Free Bed Convalescent Home, Grand Rapids, Mich.
190. Children's Hospital, Receiving Hospital, Herman Kiefer Hospital, Detroit
191. Ingham Chest Hospital, Lansing, Mich.
192. Pontiac State Hospital, Pontiac, Mich.
193. North Memorial Hospital, Minneapolis
194. Anoka State Hospital, Anoka, Minn.; Children's Hospital, St. Paul; Elizabeth Kenny Institute, Minneapolis
195. Gillette State Hospital for Crippled Children, Children's Hospital, St. Paul
196. Charles T. Miller Hospital, Children's Hospital, St. Paul
197. Children's Mercy Hospital, Kansas City, Mo.
198. St. Louis City Hospital, St. Louis
199. St. Louis Maternity Hospital, St. Louis; St. Louis County Hospital, Clayton, Mo.; Burge Hospital, Springfield, Mo.
200. St. Louis Children's Hospital, St. Louis
201. Douglas County Hospital, Children's Memorial Hospital, Omaha
202. Douglas County Hospital, Omaha
203. Children's Memorial Hospital, Omaha
204. Children's Seashore Home, Atlantic City, N. J.; Clyde Fish Memorial Hospital, Northfield, N. J.; Betty Bacharach Home for Crippled Children, Longport, N. J.
205. St. Peter's General Hospital, New Brunswick, N. J.; St. Elizabeth Hospital, Elizabeth, N. J.
206. Margaret Hague Maternity Hospital, Jersey City, N. J.
207. Babies Hospital, Newark, N. J.
208. Roosevelt Hospital, New York City; Middlesex Rehabilitation and Polio Hospital, New Brunswick, N. J.
209. Johns Hopkins Hospital, Baltimore
210. Children's Hospital, Louisville, Ky.
211. Passaic General Hospital, Passaic, N. J.; Nathan and Miriam Barnert Memorial Hospital, Paterson, N. J.; Perth Amboy General Hospital, Perth Amboy, N. J.
212. St. Catherine's Hospital, Brooklyn
213. Hunterdon Medical Center, Flemington, N. J.
214. A. N. Brady Hospital, Albany, N. Y.
215. Emergency Hospital, Buffalo
216. Children's Hospital, Buffalo
217. Memorial Center for Cancer and Allied Diseases, New York City
218. University Hospital, New York City
219. Jewish Hospital, Brooklyn
220. Hunterdon Medical Center, Flemington, N. J.
221. Strong Memorial Hospital, Rochester, N. Y.
222. Staten Island Hospital, St. Vincent's Hospital, Staten Island, N. Y.
223. Lincoln Hospital, Bronx, N. Y.
224. Children's Hospital, Akron, Ohio
225. Children's Hospital, Summit County Receiving Hospital, Akron, Ohio
226. Children's Hospital, Cincinnati
227. Daniel Drake Memorial Hospital, Dunham Hospital, Cincinnati
228. Children's Hospital, Columbus, Ohio
229. Columbus Receiving Hospital, Ohio Tuberculosis Hospital, Children's Hospital, Columbus, Ohio
230. St. Vincent Charity Hospital, Cleveland
231. Children's Hospital, Toledo, Ohio
232. Gravely Sanatorium, Chapel Hill, N. C.
233. Cleveland City Hospital, Cleveland
234. St. Ann's Hospital, Cleveland
235. Lima State Hospital, Lima, Ohio
236. Toledo State and Receiving Hospitals, William Roche Memorial Hospital, Maumee Valley Hospital, Toledo, Ohio
237. Homer Folks Tuberculosis Hospital, Oneonta, N. Y.
238. University of Oklahoma Hospitals, Oklahoma City
239. St. Vincent's Hospital, Holladay Park Hospital, Portland, Ore.
240. Providence Hospital, Portland, Ore.
241. Lawrence F. Flick State Hospital, Cresson, Pa.
242. Hospital of the University of Pennsylvania, Philadelphia
243. Germantown Dispensary and Hospital, Philadelphia Psychiatric Hospital, Philadelphia
244. St. Christopher's Hospital for Children, Philadelphia
245. U. S. Army Hospital, Fort Dix, N. J.
246. St. Francis Hospital, Pittsburgh
247. Veterans Administration Hospital, Sioux Falls, S. D.
248. Yankton State Hospital, Yankton, S. D.
249. T. C. Thompson Children's Hospital, Chattanooga, Tenn.
250. University of Tennessee Memorial Hospital, East Tennessee Children's Hospital, Knoxville, Tenn.
251. Nashville General Hospital, Vanderbilt University Hospital, Tennessee State Penitentiary Hospital, Nashville, Tenn.
252. Driscoll Foundation Children's Hospital, Corpus Christi, Texas
253. Children's Medical Center, Dallas, Texas
254. Parkland Memorial Hospital, Dallas, Texas
255. St. Luke's Hospital, Texas Children's Hospital, Houston, Texas
256. Jefferson Davis Hospital, Texas Children's Hospital, Houston, Texas
257. Crippled Children's Hospital, Waco, Texas
258. Children's Medical Center, Parkland Memorial Hospital, Dallas, Texas
259. Philadelphia State Hospital, Philadelphia
260. Children's Hospital, Philadelphia
261. Presbyterian Hospital, Elizabeth Steel Magee Hospital, Eye and Ear Hospital, Woman's Hospital, Children's Hospital, Western Psychiatric Institute and Clinic, Pittsburgh
262. Providence Lying-In Hospital, Providence, R. I.
263. University of Tennessee Memorial Research Center and Hospital, East Tennessee Tuberculosis Hospital, Knoxville, Tenn.
264. West Tennessee Tuberculosis Hospital, Memphis Eye Ear Nose and Throat Hospital, City of Memphis Hospitals (John Gaston Hospital), Memphis
265. Veterans Administration Hospital, Salt Lake City
266. Salt Lake County General Hospital, Salt Lake City
267. Blue Ridge Sanatorium, Charlottesville, Va.; Kings Daughters Hospital, Staunton, Va.; Lynchburg General Hospital, Lynchburg, Va.
268. University of Virginia Hospital, Charlottesville, Va.
269. Medical College of Virginia Hospital Division, Tucker Hospital, Richmond, Va.
270. Medical College of Virginia Hospital Division, Richmond, Va.
271. U. S. Naval Hospital, Portsmouth, Va.
272. Utah State Tuberculosis Hospital, Ogden, Utah; Salt Lake County Hospital, Salt Lake City
273. Primary Children's Hospital, Salt Lake City

195
V. 1

382. Children's Orthopedic Hospital, Seattle
383. Ohio Valley General Hospital, Wheeling, W. Va.
384. Fort Lawton Station Hospital, Fort Lawton, Wash.; Fort Defiance Indian Hospital, Fort Defiance, Ariz.
385. Mountain View Sanatorium, Tacoma, Wash.
386. Mary Bridge Children's Hospital, Tacoma, Wash.
387. Milwaukee Children's Hospital, Milwaukee
388. Milwaukee Children's Hospital, Martha Washington Home, Milwaukee
389. Johnston's Emergency Hospital, Milwaukee Children's Hospital, Milwaukee
390. St. Michael Hospital, County Emergency Hospital, Milwaukee
391. Milwaukee Children's Hospital, Milwaukee County Emergency Hospital, Milwaukee
392. Milwaukee Children's Hospital, Milwaukee Contagion Hospital, Milwaukee
393. Milwaukee Hospital, Milwaukee
394. Milwaukee Children's Hospital, Milwaukee County Hospital, Milwaukee General Hospital, Milwaukee
395. St. Francis Hospital, Honolulu, Hawaii
396. Kings County Hospital, Brooklyn
397. Fort Hamilton Hospital, Hamilton, Ohio
398. Georgetown University Hospital, Buffalo
399. Veterans Administration Hospital, Hartford, Conn.
400. Sedgwick County Hospital, Wichita, Kan.
401. Veterans Administration Hospital, Oklahoma City
402. Stanford University School of Medicine, San Francisco
403. University Hospital, Ann Arbor, Mich.
404. Mississippi State Charity Hospital, Vicksburg, Miss.
405. Rio Piedras Tuberculosis Hospital, Psychiatric Hospital, Rio Piedras, P. R.
406. Baptist Hospital, Nashville, Tenn.
407. Veterans Administration Hospital, Little Rock, Ark.

APPROVED INTERNSHIPS BY TYPE OF SERVICE

ROTATING GENERAL

Number of Approved Programs, 889

FEDERAL

UNITED STATES ARMY

Letterman Army Hospital	San Francisco
Fitzsimons Army Hospital	Denver
Walter Reed Army Hospital (Army Medical Center)	Washington, D. C.
U. S. Army Hospital	Fort Benning, Ga.
U. S. Army Hospital	Fort Bragg, N. C.
Valley Forge Army Hospital	Phoenixville, Pa.
William Beaumont Army Hospital	El Paso, Texas
Brooke Army Hospital, Fort Sam Houston	San Antonio, Texas
Madigan Army Hospital	Tacoma, Wash.
Tripler Army Hospital	Honolulu, T. H.

UNITED STATES AIR FORCE

U. S. Air Force Hospital	San Antonio, Texas

UNITED STATES NAVY

U. S. Naval Hospital	Oakland, Calif.
U. S. Naval Hospital	Oceanside, Calif.
U. S. Naval Hospital	San Diego, Calif.
U. S. Naval Hospital	Jacksonville, Fla.
U. S. Naval Hospital	Pensacola, Fla.
U. S. Naval Hospital	Great Lakes, Ill.
U. S. Naval Hospital	Bethesda, Md.
U. S. Naval Hospital	Chelsea, Mass.
U. S. Naval Hospital	St. Albans, N. Y.
U. S. Naval Hospital	Philadelphia
U. S. Naval Hospital	Newport, R. I.
U. S. Naval Hospital	Charleston, S. C.
U. S. Naval Hospital	Portsmouth, Va.
U. S. Naval Hospital	Bremerton, Wash.

UNITED STATES PUBLIC HEALTH SERVICE

U. S. Public Health Service Hospital	San Francisco
U. S. Public Health Service Hospital	New Orleans
U. S. Public Health Service Hospital	Baltimore
U. S. Public Health Service Hospital	Boston
U. S. Public Health Service Hospital	Staten Island, N. Y.
U. S. Public Health Service Hospital	Norfolk, Va.
U. S. Public Health Service Hospital	Seattle, Wash.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Freedmen's Hospital	Washington, D. C.
Saint Elizabeths Hospital	Washington, D. C.

VETERANS ADMINISTRATION

Veterans Admin. Hospital	Los Angeles
Veterans Admin. Hospital	Salt Lake City

NONFEDERAL

Birmingham Baptist Hospitals	Birmingham, Ala.
Carraway Methodist Hospital	Birmingham, Ala.
St. Vincent's Hospital	Birmingham, Ala.
University Hospital and Hillman Clinic	Birmingham, Ala.
Lloyd Noland Hospital	Fairfield, Ala.
Holy Name of Jesus Hospital	Gadsden, Ala.
Mobile County Hospital	Mobile, Ala.
Druid City Hospital	Tuscaloosa, Ala.
Good Samaritan Hospital	Phoenix, Ariz.
Maricopa County General Hospital	Phoenix, Ariz.

NONFEDERAL—Continued

St. Joseph's Hospital	Phoenix, Ariz.
St. Mary's Hospital	Tucson, Ariz.
Tucson Medical Center	Tucson, Ariz.
Arkansas Baptist Hospital	Little Rock, Ark.
St. Vincent Infirmary	Little Rock, Ark.
University Hospital	Little Rock, Ark.
General Hospital of Riverside County	Arlington, Calif.
Herrick Memorial Hospital	Berkeley, Calif.
San Joaquin General Hospital	French Camp, Calif.
General Hospital of Fresno County	Fresno, Calif.
Glendale Sanitarium and Hospital	Glendale, Calif.
Loma Linda Sanitarium and Hospital	Loma Linda, Calif.
St. Mary's Long Beach Hospital	Long Beach, Calif.
Seaside Memorial Hospital	Long Beach, Calif.
California Hospital	Los Angeles
Cedars of Lebanon Hospital	Los Angeles
Hospital of the Good Samaritan	Los Angeles
Los Angeles County Hospital	Los Angeles
Presbyterian Hospital-Olmsted Memorial	Los Angeles
Queen of Angels Hospital	Los Angeles
St. Vincent's Hospital	Los Angeles
Santa Fe Coast Lines Hospital	Los Angeles
White Memorial Hospital	Los Angeles
Highland-Alameda County Hospital	Oakland, Calif.
Orange County General Hospital	Orange, Calif.
Collis P. and Howard Huntington Memorial Hospital	Pasadena, Calif.
Sacramento County Hospital	Sacramento, Calif.
San Bernardino County Charity Hospital	San Bernardino, Calif.
Mercy Hospital	San Diego, Calif.
San Diego County General Hospital	San Diego, Calif.
Children's Hospital	San Francisco
Franklin Hospital	San Francisco
French Hospital	San Francisco
Kaiser Foundation Hospital	San Francisco
Mary's Help Hospital	San Francisco
Mount Zion Hospital	San Francisco
St. Joseph's Hospital	San Francisco
St. Luke's Hospital	San Francisco
St. Mary's Hospital	San Francisco
San Francisco Hospital	San Francisco
Southern Pacific General Hospital	San Francisco
University of California Hospitals	San Francisco
Santa Clara County Hospital	San Jose, Calif.
Santa Barbara Cottage Hospital	Santa Barbara, Calif.
Santa Monica Hospital	Santa Monica, Calif.
Harbor General Hospital	Torrance, Calif.
Glockner Penrose Hospital	Colorado Springs, Colo.
General Rose Memorial Hospital	Denver
Mercy Hospital	Denver
Porter Sanitarium and Hospital	Denver
Presbyterian Hospital	Denver
St. Anthony Hospital	Denver
St. Joseph's Hospital	Denver
St. Luke's Hospital	Denver
University of Colorado Medical Center	
Colorado General Hospital	Denver
Denver General Hospital	Denver
Weld County General Hospital	Greeley, Colo.
St. Mary-Corwin Hospital	Pueblo, Colo.
Bridgeport Hospital	Bridgeport, Conn.
St. Vincent's Hospital	Bridgeport, Conn.
Bristol Hospital	Bristol, Conn.
Danbury Hospital	Danbury, Conn.
Griffin Hospital	Derby, Conn.
Greenwich Hospital	Greenwich, Conn.
Hartford Hospital	Hartford, Conn.
Hartford Municipal Hospital and Health Center	Hartford, Conn.
Mount Sinai Hospital	Hartford, Conn.
St. Francis Hospital	Hartford, Conn.
Manchester Memorial Hospital	Manchester, Conn.
Meriden Hospital	Meriden, Conn.
Middlesex Memorial Hospital	Middletown, Conn.
New Britain General Hospital	New Britain, Conn.

NONFEDERAL—Continued

Hospital of St. Raphael	New Haven, Conn.
Lawrence and Memorial Hospitals	New London, Conn.
Norwalk Hospital	Norwalk, Conn.
Stamford Hospital	Stamford, Conn.
St. Mary's Hospital	Waterbury, Conn.
Waterbury Hospital	Waterbury, Conn.
Delaware Hospital	Wilmington, Del.
Memorial Hospital	Wilmington, Del.
Wilmington General Hospital	Wilmington, Del.
District of Columbia General Hospital	Washington, D. C.
Doctors Hospital	Washington, D. C.
Providence Hospital	Washington, D. C.
Sibley Memorial Hospital	Washington, D. C.
Washington Hospital Center	Washington, D. C.
Washington Sanitarium and Hospital	Washington, D. C.
Baptist Memorial Hospital	Jacksonville, Fla.
Duval Medical Center	Jacksonville, Fla.
St. Luke's Hospital	Jacksonville, Fla.
St. Vincent's Hospital	Jacksonville, Fla.
Jackson Memorial Hospital	Miami, Fla.
Mount Sinai Hospital of Greater Miami	Miami Beach, Fla.
St. Francis Hospital	Miami Beach, Fla.
Orange Memorial Hospital	Orlando, Fla.
Sacred Heart Hospital	Pensacola, Fla.
Mound Park Hospital	St. Petersburg, Fla.
Tampa General Hospital	Tampa, Fla.
Good Samaritan Hospital	West Palm Beach, Fla.
St. Mary's Hospital	West Palm Beach, Fla.
Athens General Hospital	Athens, Ga.
St. Mary's Hospital	Athens, Ga.
Crawford W. Long Memorial Hospital	Atlanta, Ga.
Georgia Baptist Hospital	Atlanta, Ga.
Grady Memorial Hospital	Atlanta, Ga.
Piedmont Hospital	Atlanta, Ga.
St. Joseph's Infirmary	Atlanta, Ga.
University Hospital	Augusta, Ga.
Medical Center	Columbus, Ga.
Macon Hospitals	Macon, Ga.
Kennestone Hospital	Marietta, Ga.
Floyd Hospital	Rome, Ga.
Memorial Hospital of Chatham County	Savannah, Ga.
MacNeal Memorial Hospital	Berwyn, Ill.
St. Francis Hospital	Blue Island, Ill.
American Hospital	Chicago
Augustana Hospital	Chicago
Chicago Wesley Memorial Hospital	Chicago
Columbus Hospital	Chicago
Cook County Hospital	Chicago
Edgewater Hospital	Chicago
Englewood Hospital	Chicago
Evangelical Hospital	Chicago
Grant Hospital	Chicago
Hospital of St. Anthony de Padua	Chicago
Illinois Central Hospital	Chicago
Illinois Masonic Hospital	Chicago
Jackson Park Hospital	Chicago
Loretto Hospital	Chicago
Lutheran Deaconess Home and Hospital	Chicago
Mercy Hospital	Chicago
Michael Reese Hospital	Chicago
Mount Sinai Hospital	Chicago
Norwegian-American Hospital	Chicago
Passavant Memorial Hospital	Chicago
Presbyterian-St. Luke's Hosp., Presbyterian Hosp. Division	Chicago
Provident Hospital	Chicago
Ravenswood Hospital	Chicago
Resurrection Hospital	Chicago
St. Anne's Hospital	Chicago
St. Bernard's Hospital	Chicago
St. Elizabeth Hospital	Chicago
St. Joseph Hospital	Chicago
Presbyterian-St. Luke's Hosp., St. Luke's Hosp. Division	Chicago
St. Mary of Nazareth Hospital	Chicago
South Chicago Community Hospital	Chicago
South Shore Hospital	Chicago
Swedish Covenant Hospital	Chicago
University of Chicago Clinics	Chicago
University of Illinois Research and Educational Hospitals	Chicago
Woodlawn Hospital	Chicago
Decatur and Macon County Hospital	Decatur, Ill.
St. Mary's Hospital	East St. Louis, Ill.
Memorial Hospital of DuPage County	Elmhurst, Ill.
Evanston Hospital	Evanston, Ill.
St. Francis Hospital	Evanston, Ill.
Little Company of Mary Hospital	Evergreen Park, Ill.
Hinsdale Sanitarium and Hospital	Hinsdale, Ill.
Oak Park Hospital	Oak Park, Ill.
West Suburban Hospital	Oak Park, Ill.
Methodist Hospital of Central Illinois	Peoria, Ill.
St. Francis Hospital	Peoria, Ill.
Rockford Memorial Hospital	Rockford, Ill.
St. Anthony Hospital	Rockford, Ill.
Swedish-American Hospital	Rockford, Ill.
St. Catherine Hospital	East Chicago, Ind.
St. Mary's Hospital	Evansville, Ind.
Lutheran Hospital	Fort Wayne, Ind.
St. Joseph's Hospital	Fort Wayne, Ind.
Methodist Hospital	Gary, Ind.
St. Mary Mercy Hospital	Gary, Ind.
St. Margaret Hospital	Hammond, Ind.
Indianapolis General Hospital	Indianapolis
Indiana University Medical Center	Indianapolis
Methodist Hospital	Indianapolis
St. Vincent's Hospital	Indianapolis
Ball Memorial Hospital	Muncie, Ind.
Memorial Hospital	South Bend, Ind.
St. Joseph's Hospital	South Bend, Ind.

NONFEDERAL—Continued

Mercy Hospital	South Bend, Ind.
St. Luke's Methodist Hospital	Cedar Rapids, Iowa
Mercy Hospital	Council Bluffs, Iowa
Broadlawns Polk County Hospital	Des Moines, Iowa
Iowa Lutheran Hospital	Des Moines, Iowa
Iowa Methodist Hospital	Des Moines, Iowa
Mercy Hospital	Des Moines, Iowa
State University of Iowa Hospitals	Iowa City
Bethany Hospital	Kansas City, Kan.
St. Margaret's Hospital	Kansas City, Kan.
University of Kansas Medical Center	Kansas City, Kan.
St. Francis Hospital	Wichita, Kan.
Wesley Hospital	Wichita, Kan.
Wichita-St. Joseph Hospital	Wichita, Kan.
St. Elizabeth Hospital	Covington, Ky.
Good Samaritan Hospital	Lexington, Ky.
St. Joseph Hospital	Lexington, Ky.
Louisville General Hospital	Louisville, Ky.
St. Anthony Hospital	Louisville, Ky.
St. Joseph Infirmary	Louisville, Ky.
SS. Mary and Elizabeth Hospital	Louisville, Ky.
Charity Hospital of Louisiana	New Orleans
Hotel Dieu	New Orleans
Mercy Hospital	New Orleans
Southern Baptist Hospital	New Orleans
Touro Infirmary	New Orleans
Confederate Memorial Medical Center	Shreveport, La.
North Louisiana Sanitarium	Shreveport, La.
T. E. Schumpert Memorial Sanitarium	Shreveport, La.
Eastern Maine General Hospital	Bangor, Maine
Central Maine General Hospital	Lewiston, Maine
St. Mary's General Hospital	Lewiston, Maine
Maine Medical Center	Portland, Maine
Baltimore City Hospitals	Baltimore
Bon Secours Hospital	Baltimore
Church Home and Hospital	Baltimore
Franklin Square Hospital	Baltimore
Lutheran Hospital	Baltimore
Maryland General Hospital	Baltimore
Mercy Hospital	Baltimore
Provident Hospital and Free Dispensary	Baltimore
St. Agnes Hospital	Baltimore
St. Joseph's Hospital	Baltimore
Sinai Hospital	Baltimore
South Baltimore General Hospital	Baltimore
Union Memorial Hospital	Baltimore
University Hospital	Baltimore
Suburban Hospital	Bethesda, Md.
Prince George's General Hospital	Cheverly, Md.
Washington County Hospital	Hagerstown, Md.
Beverly Hospital	Beverly, Mass.
Carney Hospital	Boston
New England Hospital	Boston
St. Elizabeth's Hospital	Boston
Brockton Hospital	Brockton, Mass.
Cambridge City Hospital	Cambridge, Mass.
Mount Auburn Hospital	Cambridge, Mass.
Truesdale Hospital	Fall River, Mass.
Union Hospital	Fall River, Mass.
Holyoke Hospital	Holyoke, Mass.
Lawrence General Hospital	Lawrence, Mass.
Lowell General Hospital	Lowell, Mass.
St. John's Hospital	Lowell, Mass.
St. Joseph's Hospital	Lowell, Mass.
Lynn Hospital	Lynn, Mass.
St. Luke's Hospital	New Bedford, Mass.
Newton-Wellesley Hospital	Newton Lower Falls, Mass.
St. Luke's Hospital	Pittsfield, Mass.
Quincy City Hospital	Quincy, Mass.
Salem Hospital	Salem, Mass.
Mercy Hospital	Springfield, Mass.
Springfield Hospital	Springfield, Mass.
Wesson Memorial Hospital	Springfield, Mass.
Waltham Hospital	Waltham, Mass.
Memorial Hospitals	Worcester, Mass.
St. Vincent Hospital	Worcester, Mass.
Worcester City Hospital	Worcester, Mass.
St. Joseph's Mercy Hospital	Ann Arbor, Mich.
University Hospital	Ann Arbor, Mich.
Leila Y. Post Montgomery Hospital	Battle Creek, Mich.
Mercy Hospital	Benton Harbor, Mich.
Oakwood Hospital	Dearborn, Mich.
Detroit Memorial Hospital	Detroit
Evangelical Deaconess Hospital	Detroit
Grace Hospital	Detroit
Harper Hospital	Detroit
Henry Ford Hospital	Detroit
Mount Carmel Mercy Hospital	Detroit
Providence Hospital	Detroit
Receiving Hospital	Detroit
St. John Hospital	Detroit
St. Joseph Mercy Hospital	Detroit
Sinai Hospital	Detroit
Woman's Hospital	Detroit
Wayne County General Hospital and Infirmary	Eloise, Mich.
Hurley Hospital	Flint, Mich.
McLaren General Hospital	Flint, Mich.
St. Joseph Hospital	Flint, Mich.
Blodgett Memorial Hospital	Grand Rapids, Mich.
Butterworth Hospital	Grand Rapids, Mich.
St. Mary's Hospital	Grand Rapids, Mich.
Bon Secours Hospital	Grosse Pointe, Mich.
Highland Park General Hospital	Highland Park, Mich.
Borgess Hospital	Kalamazoo, Mich.
Bronson Methodist Hospital	Kalamazoo, Mich.
Edward W. Sparrow Hospital	Lansing, Mich.
St. Lawrence Hospital	Lansing, Mich.

NONFEDERAL—Continued

Midland Hospital	Midland, Mich.
Pontiac General Hospital	Pontiac, Mich.
St. Joseph Mercy Hospital	Pontiac, Mich.
William Beaumont Hospital	Royal Oak, Mich.
Saginaw General Hospital	Saginaw, Mich.
St. Luke's Hospital	Saginaw, Mich.
St. Mary's Hospital	Saginaw, Mich.
Jamesa Decker Munson Hospital	Traverse City, Mich.
St. Luke's Hospital	Duluth, Minn.
St. Mary's Hospital	Duluth, Minn.
Asbury Methodist Hospital	Minneapolis
Minneapolis General Hospital	Minneapolis
Mount Sinai Hospital	Minneapolis
Northwestern Hospital	Minneapolis
St. Barnabas Hospital	Minneapolis
St. Mary's Hospital	Minneapolis
Swedish Hospital	Minneapolis
University of Minnesota Hospitals	Minneapolis
Ancker Hospital	St. Paul
Bethesda Hospital	St. Paul
Charles T. Miller Hospital	St. Paul
St. Joseph's Hospital	St. Paul
St. Luke's Hospital	St. Paul
Mississippi Baptist Hospital	Jackson, Miss.
University Hospital	Jackson, Miss.
St. Louis County Hospital	Clayton, Mo.
Kansas City General Hospital No. 1	Kansas City, Mo.
Kansas City General Hospital No. 2	Kansas City, Mo.
Menorah Medical Center	Kansas City, Mo.
Research Hospital	Kansas City, Mo.
St. Joseph Hospital	Kansas City, Mo.
St. Luke's Hospital	Kansas City, Mo.
St. Mary's Hospital	Kansas City, Mo.
Trinity Lutheran Hospital	Kansas City, Mo.
Missouri Methodist Hospital	St. Joseph, Mo.
St. Joseph's Hospital	St. Joseph, Mo.
Christian Hospital	St. Louis
De Paul Hospital	St. Louis
Evangelical Deaconess Hospital	St. Louis
Homer G. Phillips Hospital	St. Louis
Jewish Hospital	St. Louis
Missouri Baptist Hospital	St. Louis
St. Anthony's Hospital	St. Louis
St. John's Hospital	St. Louis
St. Louis City Hospital	St. Louis
St. Luke's Hospital	St. Louis
St. Mary's Group of Hospitals	St. Louis
St. James Hospital	Butte, Mont.
Montana Deaconess Hospital	Great Falls, Mont.
Bryan Memorial Hospital	Lincoln, Neb.
Lincoln General Hospital	Lincoln, Neb.
St. Elizabeth Hospital	Lincoln, Neb.
Bishop Clarkson Memorial Hospital	Omaha
Creighton Memorial St. Joseph's Hospital	Omaha
Immanuel Hospital	Omaha
Nebraska Methodist Hospital	Omaha
St. Catherine's Hospital	Omaha
University of Nebraska Hospital	Omaha
Mary Hitchcock Memorial Hospital	Hanover, N. H.
Atlantic City Hospital	Atlantic City, N. J.
Bayonne Hospital and Dispensary	Bayonne, N. J.
Cooper Hospital	Camden, N. J.
Our Lady of Lourdes Hospital	Camden, N. J.
West Jersey Hospital	Camden, N. J.
East Orange General Hospital	East Orange, N. J.
Alexian Brothers Hospital	Elizabeth, N. J.
Elizabeth General Hospital and Dispensary	Elizabeth, N. J.
St. Elizabeth Hospital	Elizabeth, N. J.
Englewood Hospital	Englewood, N. J.
Hackensack Hospital	Hackensack, N. J.
St. Mary's Hospital	Hoboken, N. J.
Christ Hospital	Jersey City, N. J.
Jersey City Hospital	Jersey City, N. J.
St. Francis Hospital	Jersey City, N. J.
Monmouth Memorial Hospital	Long Branch, N. J.
Mountainside Hospital	Montclair, N. J.
Morristown Memorial Hospital	Morristown, N. J.
Fitkin Memorial Hospital	Neptune, N. J.
Harrison S. Martland Medical Center	Newark, N. J.
Newark Beth Israel Hospital	Newark, N. J.
Presbyterian Hospital	Newark, N. J.
St. Barnabas Medical Center	Newark, N. J.
St. Michael's Hospital	Newark, N. J.
Middlesex General Hospital	New Brunswick, N. J.
St. Peter's General Hospital	New Brunswick, N. J.
Orange Memorial Hospital	Orange, N. J.
Bergen Pines County Hospital	Paramus, N. J.
Passaic General Hospital	Passaic, N. J.
St. Mary's Hospital	Passaic, N. J.
Nathan and Miriam Barnert Memorial Hospital	Paterson, N. J.
Paterson General Hospital	Paterson, N. J.
St. Joseph Hospital	Paterson, N. J.
Perth Amboy General Hospital	Perth Amboy, N. J.
Muhlenberg Hospital	Plainfield, N. J.
Somerset Hospital	Somerville, N. J.
Overlook Hospital	Summit, N. J.
Holy Name Hospital	Teaneck, N. J.
Mercer Hospital	Trenton, N. J.
St. Francis Hospital	Trenton, N. J.
William McKinley Memorial Hospital	Trenton, N. J.
Bernalillo County Indian Hospital	Albuquerque, N. M.
Albany Hospital	Albany, N. Y.
Memorial Hospital	Albany, N. Y.
St. Peter's Hospital	Albany, N. Y.
Binghamton City Hospital	Binghamton, N. Y.
Lawrence Hospital	Bronxville, N. Y.

NONFEDERAL—Continued

Beth-El Hospital	Brooklyn
Brooklyn Hospital	Brooklyn
Coney Island Hospital	Brooklyn
Cumberland Hospital	Brooklyn
Greenpoint Hospital	Brooklyn
Jewish Hospital	Brooklyn
Kings County Hospital	Brooklyn
Long Island College Hospital	Brooklyn
Luthern Hospital	Brooklyn
Lutheran Medical Center	Brooklyn
Maimonides Hospital	Brooklyn
Methodist Hospital	Brooklyn
Prospect Heights Hospital	Brooklyn
St. Catherine's Hospital	Brooklyn
St. John's Episcopal Hospital	Brooklyn
St. Mary's Hospital	Brooklyn
St. Peter's Hospital	Brooklyn
Unity Hospital	Brooklyn
Wyckoff Heights Hospital	Brooklyn
Sisters of Charity Hospitals	Buffalo
Buffalo General Hospital	Buffalo
Deaconess Hospital	Buffalo
Edward J. Meyer Memorial Hospital	Buffalo
Mercy Hospital	Buffalo
Millard Fillmore Hospital	Buffalo
Mary Imogene Bassett Hospital	Cooperstown, N. Y.
Elmhurst General Hospital	Elmhurst, N. Y.
Elmer Ogden Memorial Hospital	Elmira, N. Y.
St. Joseph's Hospital	Elmira, N. Y.
Flushing Hospital and Dispensary	Flushing, N. Y.
Community Hospital	Glen Cove, N. Y.
Glens Falls Hospital	Glens Falls, N. Y.
Meadowbrook Hospital	Hempstead, N. Y.
Mary Immaculate Hospital	Jamaica, N. Y.
Queens General Hospital Center	Jamaica, N. Y.
Charles S. Wilson Memorial Hospital	Johnson City, N. Y.
Our Lady of Victory Hospital	Lackawanna, N. Y.
St. John's Long Island City Hospital	Long Island City, N. Y.
Nassau Hospital	Mineola, N. Y.
Northern Westchester Hospital	Mount Kisco, N. Y.
Mount Vernon Hospital	Mount Vernon, N. Y.
St. Luke's Hospital	Newburgh, N. Y.
Long Island Jewish Hospital	New Hyde Park, N. Y.
New Rochelle Hospital	New Rochelle, N. Y.
Beth David Hospital	New York City
Beth Israel Hospital	New York City
Bronx Hospital	New York City
Columbus Hospital	New York City
Fordham Hospital	New York City
French Hospital	New York City
Harlem Hospital	New York City
Hospital for Joint Diseases	New York City
Jewish Memorial Hospital	New York City
Knickerbocker Hospital	New York City
Lebanon Hospital	New York City
Lenox Hill Hospital	New York City
Lincoln Hospital	New York City
Misericordia Hospital	New York City
Morrisania City Hospital	New York City
Mother Cabrini Memorial Hospital	New York City
Mount Sinai Hospital	New York City
New York Infirmary	New York City
New York Polyclinic Medical School and Hospital	New York City
St. Clare's Hospital	New York City
St. Francis Hospital	New York City
St. Vincent's Hospital	New York City
Sydenham Hospital	New York City
Mount St. Mary's Hospital	Niagara Falls, N. Y.
Niagara Falls Memorial Hospital	Niagara Falls, N. Y.
United Hospital	Port Chester, N. Y.
Vassar Brothers Hospital	Poughkeepsie, N. Y.
Genesee Hospital	Rochester, N. Y.
Highland Hospital	Rochester, N. Y.
Rochester General Hospital	Rochester, N. Y.
St. Mary's Hospital	Rochester, N. Y.
Strong Memorial-Rochester Municipal Hospital	Rochester, N. Y.
Ellis Hospital	Schenectady, N. Y.
St. Clare's Hospital	Schenectady, N. Y.
St. Vincent's Hospital	Staten Island, N. Y.
Staten Island Hospital	Staten Island, N. Y.
St. Joseph's Hospital	Syracuse, N. Y.
State University of New York Upstate Medical Center	Syracuse, N. Y.
Leonard Hospital	Troy, N. Y.
St. Mary Hospital	Troy, N. Y.
Samaritan Hospital	Troy, N. Y.
White Plains Hospital	White Plains, N. Y.
St. John's Riverside Hospital	Yonkers, N. Y.
St. Joseph's Hospital	Yonkers, N. Y.
Yonkers General Hospital	Yonkers, N. Y.
Memorial Mission Hospital of Western North Carolina	Asheville, N. C.
Charlotte Memorial Hospital	Charlotte, N. C.
Watts Hospital	Durham, N. C.
Moses H. Cone Memorial Hospital	Greensboro, N. C.
Rex Hospital	Raleigh, N. C.
City Memorial Hospital	Winston-Salem, N. C.
Kate Bitting Reynolds Memorial Hospital	Winston-Salem, N. C.
St. John's Hospital	Fargo, N. D.
St. Luke's Hospital	Fargo, N. D.
Grand Forks Deaconess Hospital	Grand Forks, N. D.
Akron City Hospital	Akron, Ohio
Akron General Hospital	Akron, Ohio
St. Thomas Hospital	Akron, Ohio
Barberton Citizens Hospital	Barberton, Ohio
Aultman Hospital	Canton, Ohio
Mercy Hospital	Canton, Ohio
Bethesda Hospital	Cincinnati
Christ Hospital	Cincinnati

NONFEDERAL Continued

Cincinnati General Hospital	Cincinnati
Good Samaritan Hospital	Cincinnati
Jewish Hospital	Cincinnati
St. Mary's Hospital	Cincinnati
Cleveland Clinic Hospital	Cleveland
Cuyahoga County Hospital	Cleveland
Evangelical Deaconess Hospital	Cleveland
Fairview Park Hospital	Cleveland
Huron Road Hospital	Cleveland
Lutheran Hospital	Cleveland
Mount Sinai Hospital	Cleveland
St. Alexis Hospital	Cleveland
St. John's Hospital	Cleveland
St. Luke's Hospital	Cleveland
St. Vincent Charity Hospital	Cleveland
University Hospitals	Cleveland
Grant Hospital	Columbus, Ohio
Mount Carmel Hospital	Columbus, Ohio
University of Hospitals	Columbus, Ohio
White Cross Hospital	Columbus, Ohio
Good Samaritan Hospital	Dayton, Ohio
Miami Valley Hospital	Dayton, Ohio
St. Elizabeth's Hospital	Dayton, Ohio
Elyria Memorial Hospital	Elyria, Ohio
Euclid-Glenville Hospital	Euclid, Ohio
Marymount Hospital	Garfield Heights, Ohio
Mercy Hospital	Hamilton, Ohio
Lakewood Hospital	Lakewood, Ohio
Lima Memorial Hospital	Lima, Ohio
St. Rita's Hospital	Lima, Ohio
St. Joseph Hospital	Lorain, Ohio
Mercy Hospital	Springfield, Ohio
Springfield City Hospital	Springfield, Ohio
Ohio Valley Hospital	Steubenville, Ohio
Flower Hospital	Toledo, Ohio
Maumee Valley Hospital	Toledo, Ohio
Mercy Hospital	Toledo, Ohio
Riverside Hospital	Toledo, Ohio
St. Charles Hospital	Toledo, Ohio
St. Vincent's Hospital	Toledo, Ohio
Toledo Hospital	Toledo, Ohio
Trumbull Memorial Hospital	Warren, Ohio
St. Elizabeth Hospital	Youngstown, Ohio
Youngstown Hospital	Youngstown, Ohio
Good Samaritan Hospital	Zanesville, Ohio
Mercy Hospital, Oklahoma City General	Oklahoma City
St. Anthony Hospital	Oklahoma City
University of Oklahoma Hospitals	Oklahoma City
Wesley Hospital	Oklahoma City
Hillcrest Medical Center	Tulsa, Okla.
St. John's Hospital	Tulsa, Okla.
Sacred Heart General Hospital	Eugene, Ore.
Emanuel Hospital	Portland, Ore.
Good Samaritan Hospital	Portland, Ore.
Portland Sanitarium and Hospital	Portland, Ore.
Providence Hospital	Portland, Ore.
St. Vincent's Hospital	Portland, Ore.
University of Oregon Medical School Hospitals and Clinics	Portland, Ore.
Abington Memorial Hospital	Abington, Pa.
Allentown Hospital	Allentown, Pa.
Sacred Heart Hospital	Allentown, Pa.
Altoona Hospital	Altoona, Pa.
Mercy Hospital	Altoona, Pa.
St. Luke's Hospital	Bethlehem, Pa.
Lower Bucks County Hospital	Bristol, Pa.
Bryn Mawr Hospital	Bryn Mawr, Pa.
Butler County Memorial Hospital	Butler, Pa.
Chester Hospital	Chester, Pa.
George F. Geisinger Memorial Hospital	Danville, Pa.
Thomas M. Fitzgerald-Mercy Hospital	Darby, Pa.
Easton Hospital	Easton, Pa.
Hamot Hospital	Erie, Pa.
St. Vincent's Hospital	Erie, Pa.
Westmoreland Hospital	Greensburg, Pa.
Harrisburg Hospital	Harrisburg, Pa.
Harrisburg Polyclinic Hospital	Harrisburg, Pa.
Conemaugh Valley Memorial Hospital	Johnstown, Pa.
Nesbitt Memorial Hospital	Kingston, Pa.
Lancaster General Hospital	Lancaster, Pa.
St. Joseph's Hospital	Lancaster, Pa.
McKeesport Hospital	McKeesport, Pa.
Montgomery Hospital	Norristown, Pa.
Sacred Heart Hospital	Norristown, Pa.
Albert Einstein Medical Center, Northern Division	Philadelphia
Albert Einstein Medical Center, Southern Division	Philadelphia
Chestnut Hill Hospital	Philadelphia
Episcopal Hospital	Philadelphia
Frankford Hospital	Philadelphia
Germantown Dispensary and Hospital	Philadelphia
Graduate Hospital of the University of Pennsylvania	Philadelphia
Hahnemann Medical College and Hospital	Philadelphia
Hospital of the University of Pennsylvania	Philadelphia
Hospital of the Woman's Medical College of Pennsylvania	Philadelphia
Jefferson Medical College Hospital	Philadelphia
Lankenau Hospital	Philadelphia
Memorial Hospital	Philadelphia
Mercy-Douglass Hospital	Philadelphia
Methodist Episcopal Hospital	Philadelphia
Misericordia Hospital	Philadelphia
Nazareth Hospital	Philadelphia
Northeastern Hospital	Philadelphia
Pennsylvania Hospital	Philadelphia
Philadelphia General Hospital	Philadelphia
Presbyterian Hospital	Philadelphia
St. Agnes Hospital	Philadelphia
St. Joseph's Hospital	Philadelphia

NONFEDERAL Continued

St. Mary's Hospital	Philadelphia
Allegheny General Hospital	Pittsburgh
Health Center Hospitals of the University of Pittsburgh School of Medicine	Pittsburgh
Mercy Hospital	Pittsburgh
Montefiore Hospital	Pittsburgh
Pittsburgh Hospital	Pittsburgh
St. Francis General Hospital and Rehabilitation Institute	Pittsburgh
St. John's General Hospital	Pittsburgh
St. Joseph's Hospital and Dispensary	Pittsburgh
St. Margaret Memorial Hospital	Pittsburgh
Shadyside Hospital	Pittsburgh
South Side Hospital	Pittsburgh
Western Pennsylvania Hospital	Pittsburgh
Community General Hospital	Reading, Pa.
Reading Hospital	Reading, Pa.
St. Joseph's Hospital	Reading, Pa.
Robert Packer Hospital	Sayre, Pa.
Scranton State Hospital	Scranton, Pa.
Sewickley Valley Hospital	Sewickley, Pa.
Allegheny Valley Hospital	Tarentum, Pa.
Uniontown Hospital	Uniontown, Pa.
Washington Hospital	Washington, Pa.
Chester County Hospital	West Chester, Pa.
Mercy Hospital	Wilkes-Barre, Pa.
Wilkes-Barre General Hospital	Wilkes-Barre, Pa.
Columbia Hospital	Wilkinsburg, Pa.
Williamsport Hospital	Williamsport, Pa.
York Hospital	York, Pa.
Newport Hospital	Newport, R. I.
Memorial Hospital	Pawtucket, R. I.
Miriam Hospital	Providence, R. I.
Rhode Island Hospital	Providence, R. I.
Roger Williams General Hospital	Providence, R. I.
St. Joseph's Hospital	Providence, R. I.
Medical College of South Carolina Teaching Hospitals	Charleston, S. C.
Columbia Hospital of Richland County	Columbia, S. C.
McLeod Infirmary	Florence, S. C.
Greenville General Hospital	Greenville, S. C.
Orangeburg Regional Hospital	Orangeburg, S. C.
Spartanburg General Hospital	Spartanburg, S. C.
McKennan Hospital	Sioux Falls, S. D.
Sioux Valley Hospital	Sioux Falls, S. D.
Sacred Heart Hospital	Yankton, S. D.
Baroness Erlanger Hospital	Chattanooga, Tenn.
Holston Valley Community Hospital	Kingsport, Tenn.
East Tennessee Baptist Hospital	Knoxville, Tenn.
St. Mary's Memorial Hospital	Knoxville, Tenn.
University of Tennessee Memorial Research Center and Hospital	Knoxville, Tenn.
Baptist Memorial Hospital	Memphis, Tenn.
City of Memphis Hospitals (John Gaston Hospital)	Memphis, Tenn.
Methodist Hospital	Memphis, Tenn.
St. Joseph Hospital	Memphis, Tenn.
Baptist Hospital	Nashville, Tenn.
George W. Hubbard Hospital	Nashville, Tenn.
Nashville General Hospital	Nashville, Tenn.
St. Thomas Hospital	Nashville, Tenn.
Brackenridge Hospital	Austin, Texas
Memorial Hospital	Corpus Christi, Texas
Baylor University Hospital	Dallas, Texas
Methodist Hospital	Dallas, Texas
Parkland Memorial Hospital	Dallas, Texas
St. Paul's Hospital	Dallas, Texas
El Paso General Hospital	El Paso, Texas
Hotel Dieu Sisters' Hospital	El Paso, Texas
Harris Hospital	Fort Worth, Texas
John Peter Smith Hospital	Fort Worth, Texas
St. Joseph's Hospital	Fort Worth, Texas
University of Texas Medical Branch Hospitals	Galveston, Texas
Hermann Hospital	Houston, Texas
Jefferson Davis Hospital	Houston, Texas
Memorial Hospital	Houston, Texas
Methodist Hospital	Houston, Texas
St. Joseph's Hospital	Houston, Texas
Baptist Memorial Hospital	San Antonio, Texas
Robert B. Green Memorial Hospital	San Antonio, Texas
Santa Rosa Hospital	San Antonio, Texas
Scott and White Memorial Hospitals	Temple, Texas
Providence Hospital	Waco, Texas
St. Benedict's Hospital	Ogden, Utah
Thomas D. Dee Memorial Hospital	Ogden, Utah
Dr. W. H. Groves-Latter Day Saints' Hospital	Salt Lake City
Holy Cross Hospital	Salt Lake City
St. Mark's Hospital	Salt Lake City
Salt Lake County General Hospital	Salt Lake City
DeGoesbriand Memorial Hospital	Burlington, Vt.
Mary Fletcher Hospital	Burlington, Vt.
Alexandria Hospital	Alexandria, Va.
University of Virginia Hospital	Charlottesville, Va.
Memorial Hospital	Danville, Va.
Mary Immaculate Hospital	Newport News, Va.
Riverside Hospital	Newport News, Va.
De Paul Hospital	Norfolk, Va.
Norfolk General Hospital	Norfolk, Va.
Petersburg General Hospital	Petersburg, Va.
Maryview Hospital	Portsmouth, Va.
Johnston-Willis Hospital	Richmond, Va.
Medical College of Virginia—Hospital Division	Richmond, Va.
Richmond Memorial Hospital	Richmond, Va.
Stuart Circle Hospital	Richmond, Va.
Lewis Gale Hospital	Roanoke, Va.
Roanoke Memorial Hospital	Roanoke, Va.
Winchester Memorial Hospital	Winchester, Va.
Doctors Hospital	Seattle
King County Hospital Unit No. 1 (Harborview)	Seattle

NONFEDERAL—Continued

Providence Hospital	Seattle
Seattle General Hospital	Seattle
Swedish Hospital	Seattle
Virginia Mason Hospital	Seattle
Deaconess Hospital	Spokane, Wash.
Sacred Heart Hospital	Spokane, Wash.
St. Luke's Hospital	Spokane, Wash.
Pierce County Hospital	Tacoma, Wash.
St. Joseph Hospital	Tacoma, Wash.
Tacoma General Hospital	Tacoma, Wash.
Charleston General Hospital	Charleston, W. Va.
Kanawha Valley Hospital	Charleston, W. Va.
Memorial Hospital	Charleston, W. Va.
Cabell Huntington Hospital	Huntington, W. Va.
St. Mary's Hospital	Huntington, W. Va.
Camden-Clark Memorial Hospital	Parkersburg, W. Va.
St. Joseph's Hospital	Parkersburg, W. Va.
Weirton General Hospital	Weirton, W. Va.
Ohio Valley General Hospital	Wheeling, W. Va.
Wheeling Hospital	Wheeling, W. Va.
Luther Hospital	Eau Claire, Wis.
St. Agnes Hospital	Fond du Lac, Wis.
Mercy Hospital	Janesville, Wis.
La Crosse Lutheran Hospital	La Crosse, Wis.
St. Francis Hospital	La Crosse, Wis.
Madison General Hospital	Madison, Wis.
Methodist Hospital	Madison, Wis.
St. Mary's Hospital	Madison, Wis.
University Hospital	Madison, Wis.
St. Joseph's Hospital	Marshfield, Wis.
Columbia Hospital	Milwaukee
Evangelical Deaconess Hospital	Milwaukee
Milwaukee County Hospital	Milwaukee
Milwaukee Hospital	Milwaukee
Misericordia Hospital	Milwaukee
Mount Sinai Hospital	Milwaukee
St. Joseph's Hospital	Milwaukee
St. Luke's Hospital	Milwaukee
St. Mary's Hospital	Milwaukee
St. Michael Hospital	Milwaukee
St. Mary's Hospital	Wausau, Wis.
Gorgas Hospital	Ancon, Canal Zone
Kuakini Hospital	Honolulu, T. H.
Queen's Hospital	Honolulu, T. H.
St. Francis Hospital	Honolulu, T. H.
Aguadilla District Hospital	Aguadilla, P. R.
Arecibo District Hospital	Arecibo, P. R.
Bayamon Charity District Hospital	Bayamon, P. R.
Fajardo District Hospital	Fajardo, P. R.
Hospital de Damas	Ponce, P. R.
Ponce District Hospital	Ponce, P. R.
Rio Piedras Municipal Hospital	Rio Piedras, P. R.
Presbyterian Hospital	San Juan, P. R.
San Juan City Hospital	San Juan, P. R.

ROTATING (Med. Major)

Number of Approved Programs, 6

George Washington University Hospital	Washington, D. C.
Sinai Hospital	Baltimore
Missouri Baptist Hospital	St. Louis
University of Oklahoma Hospitals	Oklahoma City
St. Paul's Hospital	Dallas, Texas
Norfolk General Hospital	Norfolk, Va.

ROTATING (Surg. Major)

Number of Approved Programs, 7

George Washington University Hospital	Washington, D. C.
Sinai Hospital	Baltimore
St. Joseph Hospital	Kansas City, Mo.
Missouri Baptist Hospital	St. Louis
University of Oklahoma Hospitals	Oklahoma City
St. Paul's Hospital	Dallas, Texas
Norfolk General Hospital	Norfolk, Va.

ROTATING (Ped. Major)

Number of Approved Programs, 3

Sinai Hospital	Baltimore
University of Oklahoma Hospitals	Oklahoma City
Norfolk General Hospital	Norfolk, Va.

ROTATING (Ob.-Gyn. Major)

Number of Approved Programs, 1

Norfolk General Hospital	Norfolk, Va.

OTHER ROTATING

Number of Approved Programs, 17

University of Colorado Medical Center	
Colorado General Hospital	Denver
Community Rotating	
Denver General Hospital	Denver
Community Rotating	
George Washington University Hospital	Washington, D. C.
Rotating (Med.-Major)	
Rotating (Surg.-Major)	
Rotating (Path.-Major)	
University Hospital	Ann Arbor, Mich.
Rotating (Med.-Major)	
Rotating (Sur.-Major)	
Rotating (Ped.-Major)	

OTHER ROTATING—Continued

Rotating (Ob.-Gyn.-Major)	
Rotating (Neurol.-Major)	
Rotating (Derm.-Major)	
Rotating (Anes.-Major)	
Rotating (Path.-Major)	
Rotating (Otol.-Major)	
Rotating (Ophthl.-Major)	
Rotating (Gen. Prac.-Major)	
Rotating (Phys.-Med. Rehab. Major)	

MIXED

Number of Approved Programs, 29

U. S. Public Health Service Hospital, Boston; Med.-Surg.
Georgetown University Hospital, Washington, D. C.; Surg.-Med.
University of Kansas Medical Center, Kansas City, Kan.; Med.-Path.; Med. Surg.-Ped.; Path.-Surg.
Baltimore City Hospitals, Baltimore; Med.-Ped.
Hospital for Women, Baltimore; Med.-Ob.-Gyn.
University Hospital, Baltimore; Surg.-Ob.-Gyn.
Holyoke Hospital, Holyoke, Mass.; Med.-Surg.
Jewish Hospital, St. Louis; Med.-Surg.-Pul.-Neuro.-Neoplastic
Lutheran Hospital, St. Louis; Med.-Surg.-Ob.-Gyn.
Bellevue Hospital Center, New York City
Division I—Medical—Columbia University; Med.-Chest-Surg. or Path.
Bellevue Hospital Center, New York City
Division II—Medical—Cornell University; Med.-Path.
Bellevue Hospital Center, New York City
Division III—Medical—New York University College of Medicine; Surg.-Med.
Bellevue Hospital Center, New York City
Division III—Surgical—New York University College of Medicine, Surg.-Med.
Montefiore Hospital, New York City; Med.-Surg.-Pul.-Neuro.-Neoplastic
Roosevelt Hospital, New York City; Med.-Surg.-Ped.; Surg.-Gyn.-Med.
St. Luke's Hospital, New York City; Med.-Surg.; Surg.-Med.
Strong Memorial-Rochester Municipal Hospital, Rochester, N. Y.; Surg.-Ob.-Gyn.
General Hospital, Syracuse, N. Y.; Med.-Surg.-Ob.-Gyn.
State University of New York Upstate Medical Center, Syracuse, N. Y.; Med.-Surg.
Grasslands Hospital, Valhalla, N. Y.; Med.-Surg.-Ped. Surg.-Med.-Ob.
North Carolina Memorial Hospital, Chapel Hill, N. C.; Med.-Ped.
Duke Hospital, Durham, N. C.; Ob.-Ped.
North Carolina Baptist Hospital, Winston-Salem, N. C.; Med.-Ob.-Ped.
Bethesda Hospital, Cincinnati; Med.-Ob.-Surg.
University of Oklahoma Hospitals, Oklahoma City; Med.-Surg.-Ped.
Baroness Erlanger Hospital, Chattanooga, Tenn.; Med.-Surg.-Ob.-Gyn.
St. Thomas Hospital, Nashville, Tenn.; Med.-Surg.
University of Virginia Hospital, Charlottesville, Va.; Surg.-Med.
Jefferson Hospital, Roanoke, Va.; Med.-Ob.-Gyn.

STRAIGHT

Total Number of Approved Problems, 233

INTERNAL MEDICINE

Number of Approved Programs, 70

Veterans Admin. Hospital	Los Angeles
Veterans Admin. Hospital	Atlanta, Ga.
Veterans Admin. Hospital	Oklahoma City
Veterans Admin. Hospital	Dallas, Texas
Veterans Admin. Hospital	Salt Lake City
University Hospital and Hillman Clinic	Birmingham, Ala.
University Hospital	Little Rock, Ark.
Los Angeles County Hospital	Los Angeles
University of California Hospital The Medical Center	Los Angeles
Stanford University Hospitals	San Francisco
University of California Hospitals	San Francisco
Grace-New Haven Community Hospital	New Haven, Conn.
Georgetown University Hospital	Washington, D. C.
Jackson Memorial Hospital	Miami
Grady Memorial Hospital	Atlanta, Ga.
Eugene Talmadge Memorial Hospital	Augusta, Ga.
Emory University Hospital	Emory University, Ga.
Michael Reese Hospital	Chicago
University of Kansas Medical Center	Kansas City, Kan.
Louisville General Hospital	Louisville, Ky.
Oehsner Foundation Hospital	New Orleans
Baltimore City Hospital	Baltimore
Church Home and Hospital	Baltimore
Johns Hopkins Hospital	Baltimore
Sinai Hospital	Baltimore
University Hospital	Baltimore
Beth Israel Hospital	Boston
Boston City Hospital	Boston
Massachusetts General Hospital	Boston
Massachusetts Memorial Hospitals	Boston
New England Center Hospital	Boston
Peter Bent Brigham Hospital	Boston
Northwestern Hospital	Minneapolis
University of Minnesota Hospitals	Minneapolis
Barnes Hospital	St. Louis
St. Louis City Hospital	St. Louis
St. Mary's Group of Hospitals	St. Louis
Jersey City Hospital	Jersey City, N. J.
Albany Hospital	Albany, N. Y.
Cumberland Hospital	Brooklyn
Jewish Hospital	Brooklyn
Kings County Hospital Center	Brooklyn
Long Island College Hospital	Brooklyn
Maimonides Hospital	Brooklyn

INTERNAL MEDICINE—Continued

Methodist Hospital	Brooklyn
St. John's Episcopal Hospital	Brooklyn
Buffalo General Hospital	Buffalo
Mary Imogene Bassett Hospital	Cooperstown, N. Y.
Charles S. Wilson Memorial Hospital	Johnson City, N. Y.
Bellevue Hospital Center Division II—Medical	
Cornell University	New York City
Bellevue Hospital Center Division III—Medical	
New York University College of Medicine	New York City
Bellevue Hospital Center Division IV—Medical	
New York University Postgraduate Medical School	New York City
Bronx Municipal Hospital Center	New York City
Knickerbocker Hospital	New York City
New York Hospital	New York City
Presbyterian Hospital	New York City
St. Clare's Hospital	New York City
St. Vincent's Hospital	New York City
Genesee Hospital	Rochester, N. Y.
Rochester General Hospital	Rochester, N. Y.
Strong Memorial-Rochester Municipal Hospital	Rochester, N. Y.
State University of New York Upstate Medical Center	Syracuse, N. Y.
North Carolina Memorial Hospital	Chapel Hill, N. C.
Duke Hospital	Durham, N. C.
Watts Hospital	Durham, N. C.
North Carolina Baptist Hospital	Winston-Salem, N. C.
City Hospital	Cleveland
University Hospitals	Cleveland
University Hospitals	Columbus, Ohio
Vanderbilt University Hospital	Nashville, Tenn.
Baylor University Hospital	Dallas, Texas
Parkland Memorial Hospital	Dallas, Texas
St. Paul's Hospital	Dallas, Texas
Jefferson Davis Hospital	Houston, Texas
Methodist Hospital	Houston, Texas
Salt Lake County General Hospital	Salt Lake City
University of Virginia Hospital	Charlottesville, Va.
Chesapeake and Ohio Hospital	Clifton Forge, Va.
Medical College of Virginia Hospital Division	Richmond, Va.

PATHOLOGY

Number of Approved Programs, 31

University Hospital	Little Rock, Ark.
University of California Hospital The Medical Center	Los Angeles
St. Luke's Hospital	San Francisco
University of California Hospitals	San Francisco
Grace-New Haven Community Hospital	New Haven, Conn.
Emory University Hospital	Emory University, Ga.
Michael Reese Hospital	Chicago
University of Kansas Medical Center	Kansas City, Kan.
Baltimore City Hospitals	Baltimore
Johns Hopkins Hospital	Baltimore
Boston City Hospital	Boston
Childrens Medical Center	Boston
Massachusetts General Hospital	Boston
Massachusetts Memorial Hospitals	Boston
University of Missouri Medical Center	Columbia, Mo.
Barnes Hospital	St. Louis
Jersey City Hospital	Jersey City, N. J.
Kings County Hospital Center	Brooklyn
Bellevue Hospital Center, Division III—Pathology	New York City
New York Hospital	New York City
New York University College of Medicine	New York City
Presbyterian Hospital	New York City
Genesee Hospital	Rochester, N. Y.
Strong Memorial-Rochester Municipal Hospital	Rochester, N. Y.
North Carolina Memorial Hospital	Chapel Hill, N. C.
Duke Hospital	Durham, N. C.
North Carolina Baptist Hospital	Winston-Salem, N. C.
University Hospitals	Cleveland
University of Oklahoma Hospitals	Oklahoma City
Good Samaritan Hospital	Portland, Ore.
Vanderbilt University Hospital	Nashville, Tenn.
University of Texas Hospital	Galveston, Texas

OBSTETRICS AND GYNECOLOGY

Number of Approved Programs, 7

University Hospital	Little Rock, Ark.
Johns Hopkins Hospital	Baltimore
University of Minnesota Hospitals	Minneapolis
Barnes Hospital	St. Louis
Jewish Hospital	Brooklyn
Duke Hospital	Durham, N. C.
Watts Hospital	Durham, N. C.

PEDIATRICS

Number of Approved Programs, 50

University Hospital and Hillman Clinic	Birmingham, Ala.
University Hospital	Little Rock, Ark.
Childrens Hospital	Los Angeles
University of California Hospital The Medical Center	Los Angeles
Stanford University Hospitals	San Francisco
University of California Hospitals	San Francisco
Grace-New Haven Community Hospital	New Haven, Conn.
Grady Memorial Hospital	Atlanta, Ga.
Michael Reese Hospital	Chicago
University of Chicago Clinics	Chicago
University of Kansas Medical Center	Kansas City, Kan.
Louisville General Hospital	Louisville, Ky.
Baltimore City Hospitals	Baltimore
Johns Hopkins Hospital	Baltimore
Sinai Hospital	Baltimore
University Hospital	Baltimore
Boston City Hospital	Boston

PEDIATRICS—Continued

Boston Floating Hospital	Boston
Children's Medical Center	Boston
Massachusetts General Hospital	Boston
Northwestern Hospital	Minneapolis
University of Minnesota Hospitals	Minneapolis
Childrens Mercy Hospital	Kansas City, Mo.
St. Louis Children's Hospital	St. Louis
St. Louis City Hospital	St. Louis
St. Mary's Group of Hospitals	St. Louis
Jersey City Hospital	Jersey City, N. J.
Cumberland Hospital	Brooklyn
Jewish Hospital	Brooklyn
Kings County Hospital	Brooklyn
Methodist Hospital	Brooklyn
St. John's Episcopal Hospital	Brooklyn
Children's Hospital	Buffalo
Bellevue Hospital Center, Division III—Pediatrics	
New York University College of Medicine	New York City
Bronx Municipal Hospital Center	New York City
New York Hospital	New York City
St. Luke's Hospital	New York City
Strong Memorial-Rochester Municipal Hospital	Rochester, N. Y.
State University of New York Upstate Medical Center	Syracuse, N. Y.
North Carolina Memorial Hospital	Chapel Hill, N. C.
Duke Hospital	Durham, N. C.
North Carolina Baptist Hospital	Winston-Salem, N. C.
City Hospital	Cleveland
University Hospitals	Cleveland
Vanderbilt University Hospital	Nashville, Tenn.
Children's Medical Center	Dallas, Texas
Jefferson Davis Hospital	Houston, Texas
Salt Lake County General Hospital	Salt Lake City
Children's Orthopedic Hospital	Seattle
Milwaukee Children's Hospital	Milwaukee

SURGERY

Number of Approved Programs, 65

University Hospital	Little Rock, Ark.
University of California Hospital The Medical Center	Los Angeles
Stanford University Hospitals	San Francisco
University of California Hospitals	San Francisco
Grace-New Haven Community Hospital	New Haven, Conn.
Grady Memorial Hospital	Atlanta, Ga.
Emory University Hospital	Emory University, Ga.
Michael Reese Hospital	Chicago
Provident Hospital	Chicago
Indiana University Medical Center	Indianapolis
University of Kansas Medical Center	Kansas City, Kan.
Baltimore City Hospitals	Baltimore
Johns Hopkins Hospital	Baltimore
Sinai Hospital	Baltimore
University Hospital	Baltimore
Beth Israel Hospital	Boston
Boston City Hospital	Boston
Massachusetts General Hospital	Boston
Massachusetts Memorial Hospitals	Boston
New England Center Hospital	Boston
Peter Bent Brigham Hospital	Boston
Northwestern Hospital	Minneapolis
University of Minnesota Hospitals	Minneapolis
Barnes Hospital	St. Louis
St. Louis City Hospital	St. Louis
St. Mary's Group of Hospitals	St. Louis
Jersey City Hospital	Jersey City, N. J.
Albany Hospital	Albany, N. Y.
Cumberland Hospital	Brooklyn
Kings County Hospital Center	Brooklyn
Long Island College Hospital	Brooklyn
Methodist Hospital	Brooklyn
St. John's Episcopal Hospital	Brooklyn
Buffalo General Hospital	Buffalo
Elmhurst General Hospital	Elmhurst, N. Y.
Bellevue Hospital Center, Division I—Surgical	
Columbia University	New York City
Bellevue Hospital Center, Division II—Surgical	
Cornell University	New York City
Bellevue Hospital Center, Division III—Surgical	
New York University College of Medicine	New York City
Bellevue Hospital Center, Division IV—Surgical	
New York University Postgraduate Medical School	New York City
Bronx Municipal Hospital Center	New York City
Knickerbocker Hospital	New York City
Lebanon Hospital	New York City
New York Hospital	New York City
Presbyterian Hospital	New York City
St. Clare's Hospital	New York City
St. Vincent's Hospital	New York City
Genesee Hospital	Rochester, N. Y.
Highland Hospital	Rochester, N. Y.
Rochester General Hospital	Rochester, N. Y.
Strong Memorial-Rochester Municipal Hospital	Rochester, N. Y.
State University of New York Upstate Medical Center	Syracuse, N. Y.
North Carolina Memorial Hospital	Chapel Hill, N. C.
Duke Hospital	Durham, N. C.
North Carolina Baptist Hospital	Winston-Salem, N. C.
City Hospitals	Cleveland
Cleveland Clinic Hospital	Cleveland
University Hospitals	Cleveland
University Hospitals	Columbus
Vanderbilt University Hospital	Nashville, Tenn.
Baylor University Hospital	Dallas, Texas
Jefferson Davis Hospital	Houston, Texas
Methodist Hospital	Houston, Texas
University of Virginia Hospital	Charlottesville, Va.
Medical College of Virginia Hospital Division	Richmond, Va.

APPROVED RESIDENCIES AND FELLOWSHIPS

Council on Medical Education and Hospitals of the American Medical Association
535 North Dearborn Street, Chicago 10
Revised to August 15, 1958
Hospitals, 1,276; Assistant Residencies and Residencies, 31,085

The following services are approved by the Council on Medical Education and Hospitals as meeting the requirements of the Essentials of Approved Residencies and Fellowships. In those specialties in which certifying boards have been established approval is extended in concurrence with the Board concerned as indicated. The number of years of training for which approval has been granted is indicated in the column, "Length of Approved Program (years)." Residencies in which this designation does not appear have been approved without specifying the number of years for which they are accredited. The beginning stipends for Federal hospitals have not been listed; they are established in accordance with government pay tables.

INDEX TO LIST

1. Allergy 381
2. Anesthesiology 381
3. Aviation Medicine 384
4. Cardiovascular Diseases 384
5. Dermatology 385
6. Gastroenterology 387
7. General Practice 387
8. Internal Medicine 370
9. Neurological Surgery 377
10. Neurology 379
11. Obstetrics and Gynecology 381
12. Occupational Medicine 388
13. Ophthalmology 388
14. Orthopedic Surgery 390
15. Otolaryngology 396
16. Pathology 398
17. Pediatric Allergy 606
18. Pediatrics 607
19. Physical Med. and Rehabilitation 611
20. Plastic Surgery 612
21. Preventive Medicine 613
22. Proctology 614
23. Psychiatry 615
24. Pulmonary Diseases 620
25. Radiology 621
26. Surgery 638
27. Thoracic Surgery 635
28. Urology 637

1. ALLERGY

Residency programs in the following hospitals have been approved for ONE year of training by the Council and the Subspecialty Board for Allergy of the American Board of Internal Medicine.

Hospitals, 23; Assistant Residencies and Residencies, 49

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
UNITED STATES ARMY							
Army Medical Center [1-3]	Washington, D. C.	H. Rateliffe	379	13,604	2	2	...
UNITED STATES NAVY							
U. S. Naval Hospital [1]	San Diego, Calif.	J. E. Gorman	1,550	7,779	1	1	...
NONFEDERAL AND VETERANS ADMINISTRATION							
Veterans Admin. Hospital [1-3]	Long Beach, Calif	K. H. Thayer	671	41	..	1	...
Kaiser Foundation Hospital [1-3]	San Francisco	R. F. Feingold	...	71,112	..	2	300
Michael Reese Hospital [1-3]	Chicago	M. M. Mosko—A. Matheson	127	3,977	1	2	175
Northwestern University Medical Center [1-3]	Chicago	S. Feinberg	150	3,491	2	2	225
University of Illinois Research and Educational Hospitals [1-3]	Chicago	M. Samter	23	6,988	1	1	140
Massachusetts General Hospital [1-3]	Boston	R. L. Berg	...	7,708	2	2	67
University Hospital [1-3]	Ann Arbor, Mich.	J. M. Sheldon	25	10,833	3	5	250
Mayo Foundation	Rochester, Minn.		Incl. in Int. Med.		..	..	175
Barnes Hospital [1-3]	St. Louis	J. W. Noah	Incl. in Int. Med.		1	2	50
Jewish Hospital [1-3]	Brooklyn, N.Y.	M. Grobnick	46	7,342	1	1	100
Buffalo General Hospital [1-3]	Buffalo	C. Arbesman	Incl. in Int. Med.		..	..	...
Roosevelt Hospital [1]	New York City	R. A. Cooke	174	40,304	4	4	200
Duke Hospital [1-3]	Durham, N. C.	O. Hansen-Pruss	169	513	1	2	300
Ohio State University Hospitals University Hospital [1-3]	Columbus, Ohio	J. H. Mitchell	...	2,551	..	1	252
Hospital of the University of Pennsylvania [1-3]	Philadelphia	E. Hilbreth	Incl. in Int. Med.	2,448	4	6	...
Temple University Hospital [1-3]	Philadelphia	L. Tuft	...	4,400	1	1	...
Montefiore Hospital [1-3]	Pittsburgh	L. H. Criep	59	13,175	1	1	225
Veterans Admin. Hospital [1-3]	Pittsburgh	L. H. Criep	200	14,300	3	3	...
University of Virginia Hospital [1-3]	Charlottesville Va.	O. Swineford, Jr.	243	3,172	..	6	210
Medical College of Virginia Hospital Division [1-3]	Richmond, Va.	M. E. B. Owens	...	6,350	..	1	125
University Hospitals [1-3]	Madison, Wis.	S. B. Crepea	...	4,929	1	1	200

2. ANESTHESIOLOGY

Residency programs in the following hospitals have been approved for TWO years of training by the Council and the American Board of Anesthesiology, through the Residency Review Committee for Anesthesiology.

Hospitals, 228; Assistant Residencies and Residencies, 1,383

Name of Hospital	Location	Chief of Service	Total Anesthetics	Inhalation Anesthetics	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
UNITED STATES AIR FORCE							
U. S. Air Force Hospital	San Antonio, Texas	A. B. Tarrow	7,192	3,769	3	6	...

Numerical and other references will be found on pages 840 through 842.

2. ANESTHESIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Total Anesthetics	Inhalation Anesthetics	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
UNITED STATES ARMY							
Letterman Army Hospital [1-2]	San Francisco	J. Kelloug, Jr.	5,845	2,547	..	2	...
Fitzsimons Army Hospital [1-2]	Denver	C. H. Mitchell	5,003	2,801	..	2	...
Army Medical Center [1-2]	Washington, D. C.	H. C. Slocum	12,786	5,371	4	10	...
Brooke Army Hospital [1-2]	San Antonio, Texas	J. A. Jenicek	6,705	2,528	4	10	...
UNITED STATES NAVY							
U. S. Naval Hospital [1-2]	Oakland, Calif.	F. E. Parker	9,996	1,152	2	4	...
U. S. Naval Hospital [1]	San Diego, Calif.	J. M. Hamner	13,737	2,206	3	3	...
U. S. Naval Hospital [1-2]	Bethesda, Md.	J. G. Kurfees	8,882	2,458	3	4	...
U. S. Naval Hospital [1-2]	Chelsea, Mass.	D. R. Buechel	5,644	1,215	3	3	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	D. M. Pino	6,516	564	2	4	...
U. S. Naval Hospital [1-2]	Philadelphia	T. C. Deas	6,598	1,254	1	2	...
UNITED STATES PUBLIC HEALTH SERVICE							
U. S. Public Health Service Hospital [1-2]	Stapleton, S. I., N. Y.	K. F. Urbach	3,291	1,317	2	4	...
DONFEDERAL AND VETERANS ADMINISTRATION							
University of Alabama Medical Center							
University Hospital and Hillman Clinic [1-2]	Birmingham, Ala.	A. McNeal	10,419	9,111	2	4	168
Lloyd Noland Hospital [1-2]	Fairfield, Ala.	R. W. Grady	3,702	1,650	2	3	250
St. Vincent Infirmary [1-2]	Little Rock, Ark.	J. P. Hickey	7,176	1,869	4	8	300
University Hospital [1-2]	Little Rock, Ark.	C. W. Shaffer	3,185	1,900	3	5	...
General Hospital of Fresno County [1-2]	Fresno, Calif.	A. D. Cohen	1,874	1,616	..	1	300
Loma Linda Sanitarium and Hospital [1-2]	Loma Linda, Calif.	B. D. Briggs	7,995	2,208	2	4	215
Los Angeles County Hospital [1-2]	Los Angeles	J. Dennison	14,914	10,691	14	27	246
University of California Hospital [1-2]	Los Angeles	J. B. Dillon	3,682	2,552	4	8	229
Veterans Admin. Hospital [1-2]	Los Angeles	N. H. Rupp	5,156	144	6	12	...
White Memorial Hospital [1-2-26]	Los Angeles	F. E. Leffingwell	5,671	3,549	5	10	215
Highland-Alameda County Hospital [1-2]	Oakland, Calif.	H. J. Hallup	5,444	2,445	4	8	300
Kaiser Foundation Hospital [1-2]	San Francisco	E. P. Shannon	5,364	4,102	3	6	300
Mount Zion Hospital [1-2]	San Francisco	A. J. Harris	3,379	3,425	1	2	150
St. Francis Memorial Hospital [1-2]	San Francisco	J. E. Cann	5,375	5,164	3	3	300
St. Joseph's Hospital [1-2]	San Francisco	R. A. Simpson	4,711	1,692	1	2	300
San Francisco Hospital							
Stanford University Service [1-2-26-27]	San Francisco	B. Sorkin	5,700	2,504	3	6	305
Stanford University Hospitals [1-2-26-27]	San Francisco	P. J. Bailey	6,870	725	2	3	300
University of California Hospitals [1]	San Francisco	S. E. Cullen	5,550	4,926	5	10	291
Santa Clara County Hospital [1-2]	San Jose, Calif.	H. Matthews—J. W. Pender	2,108	1,635	1	2	300
University of Colorado Medical Center							
Colorado General Hospital [1-2]	Denver	R. W. Virtue	4,691	1,906	5	9	180
Denver General Hospital [1-2]	Denver	R. W. Virtue	3,144	1,682	..	..	179
Veterans Admin. Hospital [1-2-27]	Denver	F. Brown	2,011	1,195	2	3	...
Bridgeport Hospital [1-2]	Bridgeport, Conn.	D. Massey	9,817	3,314	1	2	240
Hartford Hospital [1-2-100]	Hartford, Conn.	R. M. Tovell	44,728	17,717	10	20	150
St. Francis Hospital [1-2]	Hartford, Conn.	J. J. Martin	19,440	7,405	3	6	175
Grace-New Haven Community Hospital [1-2]	New Haven, Conn.	N. M. Greene	13,101	11,580	3	8	140
Hospital of St. Raphael	New Haven, Conn.	M. Garofalo	9,280	7,401	2	4	150
St. Mary's Hospital [1-2]	Waterbury, Conn.	W. De Wald	8,228	3,911	2	4	225
District of Columbia General Hospital [1-2]	Washington, D. C.	S. N. Albert	5,425	4,344	3	5	233
Georgetown University Hospital [1-2]	Washington, D. C.	T. F. McDermott	9,657	6,418	6	11	175
George Washington University Hospital [1-2]	Washington, D. C.	C. S. Coakley	11,424	9,850	7	14	150
Providence Hospital [1-2]	Washington, D. C.	W. Devlin	12,021	10,305	1	2	...
Wasnton Hospital Center [1-2]	Washington, D. C.	W. Howatt	6,955	6,565	4	8	...
Jackson Memorial Hospital [1-2]	Miami, Fla.	J. G. Converse	14,486	9,932	2	6	75
Medical College of Georgia Hospitals							
Eugene Talmadge Memorial Hospital [1-2]	Augusta, Ga.	P. P. Volpitto	1,227	934	6	12	220
University Hospital [1]	Augusta, Ga.	A. J. Waters	5,650	4,471	4	6	300
Emory University Hospital [1-2]	Emory University, Ga.	W. H. Galvin	6,597	5,673	1	2	225
Memorial Hospital of Chatham County [1-2]	Savannah, Ga.	M. L. Miller	2,525	2,021	1	1	350
Illinois Masonic Hospital [1-2]	Chicago	J. A. Illes	5,800	4,813	1	1	115
Michael Reese Hospital [1-2]	Chicago	J. Bobick	9,704	4,217	2	4	125
Mount Sinai Hospital [1-2]	Chicago	R. Weyl	5,921	5,224	3	6	225
Northwestern University Medical Center		M. Karp	..	..	..	..	...
Chicago Wesley Memorial Hospital [1-2]	Chicago		12,563	10,793	2	4	160
Passavant Memorial Hospital [1-2]	Chicago		4,606	4,334	1	2	125
Veterans Admin. Research Hospital	Chicago		1,133	869	1	2	...
Presbyterian-St. Luke's Hospital							
Presbyterian Hospital Division [1-2]	Chicago	P. W. Searles	6,408	4,992	3	6	125
St. Luke's Hospital Division [1-2]	Chicago	P. W. Searles	5,095	4,863	5	9	125
University of Chicago Clinics [1-2]	Chicago	E. T. Morch	10,567	6,835	5	11	200
University of Illinois Research and Educational Hospitals [1-2]	Chicago	M. S. Sadove	7,273	3,451	6	12	140
Evanston Hospital [1-2]	Evanston, Ill.	C. A. Baldwin, Jr.	7,051	1,021	1	2	225
Veterans Admin. Hospital [1-2]	Hines, Ill.	M. Sadove	3,301	1,853	4	6	...
St. Joseph's Hospital [1-2-10]	Joliet, Ill.	D. D. Buttle	6,011	3,905	2	4	250
Indianapolis General Hospital [1-2]	Indianapolis	R. E. Vore	4,852	3,680	3	6	205
Indiana University Medical Center [1]	Indianapolis	V. K. Stoelting	10,993	7,877	7	14	165
State University of Iowa Hospitals [1-2]	Iowa City	W. K. Hamilton	12,174	7,567	7	14	175
Veterans Admin. Hospital [1-2]	Des Moines, Iowa	J. L. Bailey	3,113	470	3	6	...
Veterans Admin. Hospital [1-2]	Iowa City	L. J. Debacker	1,586	334	2	4	...
University of Kansas Medical Center [1-2]	Kansas City, Kans.	P. Lorhan	8,369	4,273	3	10	125
Veterans Admin. Hospital [1-2]	Kansas City, Mo.	H. E. Hash	2,866	267	..	..	...
St. Francis Hospital [1-2]	Wichita, Kan.	R. T. Parmley	9,548	1,679	3	6	275
University of Louisville Medical Center							
Louisville General Hospital [1-2]	Louisville, Ky.	E. H. Conner	6,025	2,525	4	8	125
Charity Hospital of Louisiana [1]	New Orleans	J. Adriani	24,196	14,253	6	12	125
Oehsner Foundation Hospital [1-2]	New Orleans	G. B. Grant	9,745	4,602	3	6	225
Eastern Maine General Hospital [1-2]	Bangor, Maine	C. S. Dwyer	6,497	5,468	1	2	125
Central Maine General Hospital [1]	Lewiston, Maine	G. Clapperton	4,181	3,770	1	1	225
Maine Medical Center [1]	Portland, Maine	J. R. Lincoln	7,847	5,615	4	4	125
Baltimore City Hospitals [1-2]	Baltimore	P. Safar	3,172	1,913	3	6	125
University Hospital [1]	Baltimore	M. Heirich	8,000	5,704	5	10	150
Boston City Hospital [1-2]	Boston	P. S. Marcus	13,774	6,338	..	15	182

Numerical and other references will be found on pages 940 through 942.

2. ANESTHESIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Total Anesthetics	Inhalation Anesthetics	First Year Residencies Offered*	Total Residencies Offered*	Beginning Stipend (Month)
Lahey Clinic [1-2]	Boston	U. H. Eversole	7,680	5,172	10	20	200
Massachusetts General Hospital [1-2]	Boston	H. K. Beecher	14,925	5,950	6	14	67
Massachusetts Memorial Hospitals [1-2]	Boston	E. Bendixen	3,457	2,892	2	4	175
New England Center Hospital [1-2]	Boston	R. S. Elston	3,012	1,307	4	9	100
New England Deaconess Hospital [1-2]	Boston	L. V. Hand—F. J. Antin	8,155	2,407	4	7	200
New England Hospital [1-2]	Boston	E. E. Bartlett	3,318	2,848	2	2	85
Peter Bent Brigham Hospital [1-2]	Boston	L. D. Vandam	3,940	2,200	...	2	100
St. Elizabeth's Hospital [1-2]	Boston	I. Zentgraf	10,956	4,089	1	2	125
Veterans Admin. Hospital [1-2]	Boston (Jamaica Plain)	F. C. Callahan	3,849	2,575	2	2	100
Cambridge City Hospital [1-2]	Cambridge, Mass.	D. L. Mahler	4,780	1,514	1	2	...
Mount Auburn Hospital [1-2]	Cambridge, Mass.	J. H. Bunkirk	5,979	2,941	2	4	150
Holyoke Hospital	Holyoke, Mass.	E. Black	4,020	2,431	2	4	150
Springfield Hospital [1-2]	Springfield, Mass.	C. Bryant	6,850	1,298	1	2	125
St. Vincent Hospital	Worcester, Mass.	W. J. Martin, Jr.	10,084	3,775	2	4	175
University Hospital [1-2-191]	Ann Arbor, Mich.	R. B. Sweet	9,588	3,458	3	6	100
Harper Hospital [1-2]	Detroit	A. B. Stenchfield	10,014	5,102	2	4	275
Henry Ford Hospital [1-2]	Detroit	F. R. Dumke	13,143	3,571	5	10	250
Providence Hospital [1-2]	Detroit	N. M. Bittrich	6,544	1,586	2	4	275
Receiving Hospital [1-2-205]	Detroit	F. Greifenstein	9,200	2,676	7	16	300
Sinai Hospital [1-2]	Detroit	E. M. Brown	7,650	3,825	2	4	275
Butterworth Hospital [1-2]	Grand Rapids, Mich.	M. L. Byrd	11,577	10,458	1	2	200
University of Minnesota Hospitals [1-2-211]	Minneapolis	F. Van Bergen	17,550	9,700	12	20	233
Mayo Foundation	Rochester, Minn.	A. Faulconer, Jr.	34,000	20,000	5	10	175
University of Missouri Medical Center [1]	Columbia, Mo.	K. Keown	1,944	1,285	...	...	200
Barnes Hospital [1-2]	St. Louis	R. B. Dodd	17,975	11,686	4	8	150
St. John's Hospital [1-2]	St. Louis	S. Brown	8,158	6,000	1	2	200
Veterans Admin. Hospital [1-2]	St. Louis	H. W. Crouch	3,503	1,175	2	4	...
St. John's Hospital	Springfield, Mo.	O. B. Crawford	4,000	3,140	2	2	200
University of Nebraska Hospital [1-2]	Omaha	J. L. Balmore	2,022	584	1	2	200
Mary Hitchcock Memorial Hospital [1-2]	Hanover, N. H.	R. H. Barrett	6,167	3,392	2	4	218
Hackensack Hospital [1-2]	Hackensack, N. J.	L. W. Seitz	9,179	7,571	1	3	150
Jersey City Medical Center	Jersey City, N. J.	W. J. Cleveck	5,420	1,984	3	6	108
St. Joseph Hospital [1-2]	Paterson, N. J.	E. T. Lawless	7,031	5,800	2	4	200
Albany Hospital [1-2]	Albany, N. Y.	C. M. Landmesser	9,512	5,970	5	12	100
Bethel Hospital [1-2]	Brooklyn, N. Y.	A. C. Goldfieder	7,430	2,760	1	2	150
Jewish Hospital [1-2]	Brooklyn, N. Y.	I. Pallin	11,500	7,700	6	7	100
Kings County Hospital Center	Brooklyn, N. Y.	M. Harmel	9,467	8,123	4	12	165
Maimonides Hospital [1-2]	Brooklyn, N. Y.	L. Holzmann	9,000	5,720	2	3	75
Methodist Hospital [1-2]	Brooklyn, N. Y.	G. Wallace	4,470	4,259	1	2	175
St. Catherine's Hospital [1-2]	Brooklyn, N. Y.	F. P. Anshro	4,079	2,619	2	3	125
Veterans Admin. Hospital [1-2]	Brooklyn, N. Y.	H. I. Lipson	2,252	782	3	5	...
Buffalo General Hospital [1-2]	Buffalo	R. N. Terry	15,140	563	2	4	175
Edward J. Meyer Memorial Hospital [1-2]	Buffalo	S. G. Kling	3,249	2,041	3	5	247
Millard Fillmore Hospitals [1-2]	Buffalo	E. D. Bashaw	27,677	10,220	1	2	285
Veterans Admin. Hospital [1-2]	Buffalo	S. I. Guest	3,452	1,235	2	3	...
Flushing Hospital and Dispensary [1-2]	Flushing, N. Y.	E. Apsel	13,270	8,421	1	2	175
Long Island Jewish Hospital [1-2]	New Hyde Park, N. Y.	S. N. Surks	5,731	4,080	2	4	75
Bellevue Hospital Center							
Div. IV—New York University							
Postgraduate Medical School [2]	New York City	E. A. Rovenstine	20,400	8,281	10	22	165
Beth Israel Hospital [1-2]	New York City	S. G. Hershey	3,205	2,872	2	5	155
Bronx Municipal Hospital Center [1-2]	New York City	L. R. Orkin	6,675	5,340	8	16	125
Harlem Hospital [1-2]	New York City	H. D. Mayer	5,800	3,950	1	2	165
Hospital For Joint Diseases [1-2]	New York City	A. M. Betcher	3,502	2,448	2	3	90
Lenox Hill Hospital [1-2]	New York City	J. Rich	6,432	4,826	2	3	180
Memorial Center for Cancer and Allied Diseases [1-2]	New York City	W. S. Rowland	7,300	6,000	2	9	200
James Ewing Hospital		...	...	...	...	...	...
Memorial Hospital		...	...	...	...	...	...
Montefiore Hospital [1-2]	New York City	E. Kepes	3,000	370	5	6	167
Mount Sinai Hospital [1-2]	New York City	M. H. Adelman	12,885	7,329	4	7	75
New York Hospital [1-2]	New York City	J. F. Artusio	17,400	14,400	5	10	164
New York Medical College—Metropolitan Medical Center		F. E. Pierro	...	...	...	...	...
Flower and Fifth Avenue Hospitals [1-2]	New York City	...	6,280	397	2	4	...
Metropolitan Hospital [1-2]	New York City	...	4,216	2,980	4	9	165
New York Polyclinic Medical School and Hospital [1]	New York City	J. Milowsky	6,655	4,012	4	8	125
Presbyterian Hospital [1]	New York City	E. M. Papper	22,301	10,659	12	26	250
St. Clare's Hospital [1-2]	New York City	J. Lawrence	3,346	1,727	1	2	200
St. Luke's Hospital [1-2]	New York City	G. E. Burford	6,306	3,475	3	6	100
St. Vincent's Hospital [1-2]	New York City	R. G. Hicks	5,858	3,150	3	6	150
Veterans Admin. Hospital (Bronx) [1-2]	New York City	B. J. Ciliberti	4,740	1,314	5	9	...
Genesee Hospital [1-2]	Rochester, N. Y.	E. Kistler	6,978	5,072	1	2	175
Rochester General Hospital [1-2]	Rochester, N. Y.	V. J. Covello	...	...	2	4	125
St. Mary's Hospital [1-2]	Rochester, N. Y.	M. Weingarten	9,654	7,120	2	4	220
Strong Memorial—Rochester							
Municipal Hospitals [1-2]	Rochester, N. Y.	V. Thomas	8,538	6,771	4	5	117
Ellis Hospital [1-2]	Schenectady, N. Y.	H. A. Snell	9,001	5,936	1	2	150
St. Joseph's Hospital [1-2]	Syracuse, N. Y.	C. J. Geiger	6,146	5,116	1	1	233
State University of New York							
Upstate Medical Center [1-2]	Syracuse, N. Y.	E. J. Delmonico	10,516	3,830	3	8	233
Grasslands Hospital [1-2]	Valhalla, N. Y.	H. P. Bishop	1,913	1,004	1	3	175
North Carolina Memorial Hospital [1-2]	Chapel Hill, N. C.	D. A. Davis	4,786	3,084	3	7	166
Duke Hospital [1-2]	Durham, N. C.	C. R. Stephen	7,053	6,374	6	12	200
North Carolina Baptist Hospital [1-2]	Winston-Salem, N. C.	D. C. Crandell	5,741	4,008	1	2	125
Mercy Hospital [1-2]	Canton, Ohio	E. C. Reno	7,387	5,705	3	3	200
Christ Hospital [1]	Cincinnati	E. Harteolan	11,564	2,511	1	2	200
Cleveland Clinic Hospital [1-2]	Cleveland	D. E. Hale	12,282	7,650	4	8	175
Cuyahoga County Hospital [1-2]	Cleveland	H. E. Kretchmer	8,373	3,472	2	5	162
Fairview Park Hospital [1-2]	Cleveland	J. E. Walkow ak	7,026	4,894	2	4	200
Huron Road Hospital [1-2]	Cleveland	J. K. Potter	16,512	7,322	5	10	150
Mount Sinai Hospital [1-2]	Cleveland	S. Katz	10,806	5,911	2	4	215
St. Alexis Hospital [1-2]	Cleveland	M. Oppenheim	5,695	3,381	2	4	250
St. Luke's Hospital [1-2]	Cleveland	B. B. Sankey	13,294	5,185	2	4	200
University Hospitals [1-2]	Cleveland	R. A. Hingson	16,979	7,953	5	10	150
Ohio State University Hospitals							
University Hospital [1-2]	Columbus, Ohio	J. J. Jacoby	12,887	9,429	10	21	177

Numerical and other references will be found on pages 948 through 962.

2. ANESTHESIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Total Anesthetics	Inhalation Anesthetics	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Marymount Hospital [1-2]	Garfield Heights, Ohio	N. G. De Piero	5,300	2,550	2	4	300
Mercy Hospital [1-2]	Hamilton, Ohio	J. Uhl	6,400	5,435	1	2	300
Youngstown Hospital [1-2]	Youngstown, Ohio	D. W. Metcalf	10,452	9,500	4	8	325
University of Oklahoma Hospitals [1-2]	Oklahoma City	J. M. White	4,795	3,992	4	8	300
Veterans Admin. Hospital [2]	Oklahoma City	J. M. White	1,793	895	1	2	...
University of Oregon Medical School Hospitals and Clinics [1-2]	Portland, Ore.	F. Haugen	5,850	2,598	3	7	125
Geo. F. Geisinger Memorial Hospital [1-2]	Danville, Pa.	J. M. Schwab	5,105	1,863	2	4	175
Conemaugh Valley Memorial Hospital [1-2]	Johnstown, Pa.	P. C. Lund	9,646	4,125	2	4	200
Albert Einstein Medical Center [1-2]	Philadelphia	M. L. Bernstine	14,227	11,630	9	18	300
Graduate Hospital of the University of Pennsylvania [1-2]	Philadelphia	H. H. Stone	6,812	6,240	4	5	100
Hahnemann Medical College and Hospital [1-2]	Philadelphia	A. J. Catenacci	4,917	1,240	4	8	75
Hospital of the University of Pennsylvania [1-2]	Philadelphia	R. Dripps	13,800	7,200	7	21	150
Hospital of the Woman's Medical College of Pennsylvania [1-2]	Philadelphia	H. H. Stone	3,865	3,415	1	2	120
Jefferson Medical College Hospital [1-2]	Philadelphia	L. J. Hampton	10,612	8,984	3	8	150
Pennsylvania Hospital [1-2]	Philadelphia	M. V. Tronealliti	10,250	9,528	2	2	100
Philadelphia General Hospital [1-2]	Philadelphia	M. Deming	6,911	3,341	3	6	300
Presbyterian Hospital [1-2]	Philadelphia	S. Shotz	4,311	3,772	2	4	175
Temple University Hospital [1-2]	Philadelphia	L. W. Krumperman	14,020	6,950	3	9	...
Allegheny General Hospital [1]	Pittsburgh	R. L. Patterson	13,636	11,013	3	6	300
Mercy Hospital [1-2]	Pittsburgh	F. F. Foldes	11,529	6,565	3	6	225
Montefiore Hospital [1-2-3-4]	Pittsburgh	L. G David	6,000	4,750	1	2	225
St. Francis General Hospital and Rehabilitation Institute [1-2]	Pittsburgh	G. J. Thomas	9,507	2,791	2	4	225
Reading Hospital [1-2]	Reading, Pa.	M. Kerry	7,103	3,466	2	4	225
Robert Packer Hospital [1-2]	Sayre, Pa.	W. Brehm	7,104	4,180	2	4	225
Miriam Hospital [1-2]	Providence, R. I.	N. S. Rakatansky	4,008	1,770	1	1	150
Rhode Island Hospital [1-2]	Providence, R. I.	M. Saklad	8,286	4,796	2	4	125
Teaching Hospitals of the Medical College of South Carolina	Charleston, S. C.		7,370	6,658	3	6	300
Medical College Hospital			.....	.....	..	..	...
Roper Hospital			.....	.....	..	..	...
Baroness Erlanger Hospital [1-2]	Chattanooga, Tenn.	R. Rakita	7,024	4,431	4	6	275
University of Tennessee Memorial Research Center and Hospital [1-2]	Knoxville, Tenn.	F. Powell	2,987	1,877	1	2	250
Vanderbilt University Hospital [1-2]	Nashville, Tenn.	R. H. Robbins	5,181	4,287	2	4	50
Parkland Memorial Hospital [1-2]	Dallas, Texas	M. T. Jenkins	7,048	3,447	8	14	225
Harris Hospital [1]	Fort Worth, Texas	A. N. Reinrichs	13,684	11,829	2	2	300
University of Texas Medical Branch Hospitals [1-2]	Galveston, Texas	C. Allen	7,718	5,942	6	12	160
Baylor University Coll. of Med. Affiliated Hospitals							
Jefferson Davis Hospital [1-2]	Houston, Texas	A. S. Keats	4,745	2,057	3	6	75
Methodist Hospital [1-2]	Houston, Texas	P. H. Chalmers	8,400	6,724	3	6	250
Veterans Admin. Hospital [1-2]	Houston, Texas	W. H. Mannheimer	4,470	1,135	3	5	...
Hermann Hospital [1-2]	Houston, Texas	L. F. Schuhmacher	17,820	4,928	7	14	225
St. Joseph's Hospital [1-2]	Houston, Texas	E. A. Hoeffich	13,884	11,106	1	1	250
University of Texas M. D. Anderson Hospital and Tumor Institute [1-2]	Houston, Texas	W. S. Derrick	3,830	2,297	3	6	100
Scott and White Memorial Hospitals [1-2]	Temple, Texas	C. H. Gillespie	5,254	3,702	2	4	300
University of Utah College of Medicine Affiliated Hospitals [1]	Salt Lake City	C. M. Bullinger	2,777	197	5	10	220
University of Vermont Affiliated Hospitals							
De Goesbriand Memorial Hospital	Burlington, Vt.	E. Mills	3,250	1,029	1	2	167
Mary Fletcher Hospital [1-2]	Burlington, Vt.	J. Abajian, Jr	3,972	2,185	4	5	100
Veterans Admin. Hospital [1-2]	White River Jct., Vt.	R. E. Lapointe	1,419	549	1	2	...
University of Virginia Hospital [1-2]	Charlottesville, Va.	D. E. Eastwood	7,229	4,252	2	4	150
Medical College of Virginia—Hospital Division [1-2]	Richmond, Va.	W. E. Pembleton	10,368	5,467	2	5	200
Veterans Admin. Hospital [1-2]	Richmond, Va.	C. G. Lynch	4,320	928	1	2	...
Doctors Hospital [1-2]	Seattle	J. J. Owen	3,214	2,155	1	2	250
Swedish Hospital [1-2]	Seattle	L. H. Mousel	12,346	5,211	1	2	125
University of Washington Affiliated Hospitals							
Children's Orthopedic Hospital [1-2]	Seattle	K. Esther	3,345	3,100	..	..	160
King County Hospital Unit No. 1 (Harborview) [1]	Seattle	L. E. Morris	3,100	2,418	4	8	125
Veterans Admin. Hospital [1-2]	Seattle	L. E. Morris	1,493	614	1	2	...
Virginia Mason Hospital [1-2]	Seattle	D. C. Moore	7,055	2,760	3	6	175
Tacoma General Hospital [1-2]	Tacoma, Wash.	J. J. Bonica	6,152	3,038	3	6	200
Ohio Valley General Hospital [1-2]	Wheeling, W. Va.	D. E. Greenelch	6,260	3,442	3	6	300
University Hospitals [1-2]	Madison, Wis.	O. S. Ortiz	5,450	4,626	6	13	160
Veterans Admin. Hospital [1-2]	Milwaukee (Wood), Wis.	S. W. Gorens	3,705	1,972	3	6	...
San Juan City Hospital [1-2]	San Juan, P. R.	F. Gonzalez	3,745	1,804	2	4	150

3. AVIATION MEDICINE

The programs in Aviation Medicine which have been approved by the Council and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, will be found listed under Preventive Medicine, page 613

4. CARDIOVASCULAR DISEASE

Residency programs in the following hospitals have been approved for ONE year of training by the Council and the Subspecialty Board for Cardiovascular Disease of the American Board of Internal Medicine.

Hospitals, 61; Assistant Residencies and Residencies, 154

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
UNITED STATES ARMY							
Letterman Army Hospital [1-2]	San Francisco	L. F. Parmley	987	38	1	1	...
Fitzsimons Army Hospital [1-2]	Denver	R. E. Pollock	320	11	1	1	...
Army Medical Center [1-2]	Washington, D. C.	T. W. Mattingly	544	34	2	3	...
Brooke Army Hospital [1-2]	San Antonio, Texas	R. B. Dickerson	579	50	2	2	...

Numerical and other references will be found on pages 640 through 642.

4. CARDIOVASCULAR DISEASE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Beginning Stipend (Month)
UNITED STATES NAVY							
U. S. Naval Hospital [1]	San Diego, Calif.	J. R. Gorman	914	102	1	1	...
U. S Naval Hospital [1-2]	Bethesda, Md.	J. B. MacGregor	600	..	1	1	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE							
Freedmen's Hospital [1-2]	Washington, D. C.	J. B. Johnson	464	29	2	2	300
NONFEDERAL AND VETERANS ADMINISTRATION							
Veterans Admin. Hospital [1-2]	Long Beach, Calif.	E. Temkin	475	50	..	1	...
Veterans Admin. Hospital [1-2]	Los Angeles	M. L. Pearre	1,041	98	..	2	...
University of California Hospitals [2]	San Francisco	J. H. Comroe	Incl. in Int. Med.		..	1	291
Veterans Admin. Hospital [1-2]	West Haven, Conn.	M. Calabresi	Incl. in Int. Med.		2	2	...
George Washington University Hospital [1-2]	Washington, D. C.	J. M. Evans	618	50	3	6	300
Jackson Memorial Hospital [1-2]	Miami, Fla.	R. J. Bouvet	800	..	2	2	75
St. Joseph's Infirmary [1-2]	Atlanta, Ga.	S. Claiborne	695	57	..	1	300
Emory University Hospital [1-2]	Emory University, Ga.	R. B. Logue	600	46	..	3	255
Children's Memorial Hospital [1-2]	Chicago	R. A. Miller	322	24	2	2	300
Michael Reese Hospital [1-2]	Chicago	L. N. Katz	365	60	5	10	...
Mount Sinai Hospital [1-2]	Chicago	A. A. Luisada	Incl. in Int. Med.		..	1	275
Indianapolis General Hospital [1-2]	Indianapolis	K. G. Kohlstaedt	348	..	..	2	300
St. Vincent's Hospital [1-2]	Indianapolis	A. B. Richter	423	21	..	1	275
University of Kansas Medical Center [1-2]	Kansas City, Kan.	E. G. Dimond	291	16	..	6	125
Maine Medical Center [1]	Portland, Maine	E. H. Drake	733	53	1	1	150
Beth Israel Hospital [1-2]	Boston	P. M. Zoll	Incl. in Int. Med.		..	2	167
Peter Bent Brigham Hospital [1-2]	Boston	G. W. Thorn	Incl. in Int. Med.		..	8	...
Veterans Admin. Hospital [1-2]	West Roxbury, Mass.	L. Littmann	274	24	..	5	...
Henry Ford Hospital [1-2]	Detroit	J. W. Keyes	2,036	148	..	4	250
Mayo Foundation	Rochester, Minn.		Incl. in Int. Med.		..	..	175
University of Nebraska Hospital [1-2]	Omaha	R. L. Grissom	403	..	..	1	...
Bergen Pines County Hospital [1-2]	Paramus, N. J.	S. Reich	529	84	1	1	250
Jewish Hospital [1-2]	Brooklyn, N. Y.	J. Weinstein	Incl. in Int. Med.		..	1	125
Buffalo General Hospital [1-2]	Buffalo	E. J. Lippschutz	Incl. in Int. Med.		1	1	300
Irvington House [1-2]	Irvington, N. Y.	A. C. De Graff-H. F. Wood	251	..	..	3	250
Lenox Hill Hospital [1-2]	New York City	U. E. Kossmann	295	..	1	1	180
Memorial Center for Cancer and Allied Diseases [1-2]	New York City	R. W. Rawson-J. LaDue	430	Incl. in Int. Med.	..	1	300
James Ewing Hospital	New York City		...	...	..	..	...
Memorial Hospital	New York City		...	...	..	..	...
Mount Sinai Hospital [1-2]	New York City	C. K. Friedberg	718	36	2	6	75
St. Luke's Hospital [1-2]	New York City	T. B. Van Itallie	Incl. in Int. Med.		2	2	125
St. Francis Hospital and Sanatorium [1-2]	Roslyn, N. Y.	W. J. Noble	500	25	5	5	250
Grasslands Hospital [1-2]	Valhalla, N. Y.	H. Turnower	Incl. in Int. Med.		1	1	300
Duke Hospital [1-2]	Durham, N. C.	E. S. Orgain	500	19	..	2	300
University of Cincinnati College of Medicine Hospital Group							
Cincinnati General Hospital [1-2]	Cincinnati	J. McGuire	Incl. in Int. Med.		..	..	...
St. Mary's Hospital [1-2]	Cincinnati	R. S. Green	Incl. in Int. Med.		1	1	300
Cleveland Clinic Hospital [1-2]	Cleveland	A. C. Ernstene	1,500	56	..	6	300
University Hospitals [1-2]	Cleveland	W. Pritchard	Incl. in Int. Med.		..	2	183
Ohio State University Hospitals							
University Hospital [1-2]	Columbus, Ohio	R. W. Kissane	Incl. in Int. Med.		..	2	252
White Cross Hospital [1-2]	Columbus, Ohio	R. W. Kissane	340	13	1	1	250
University of Oklahoma Medical Center		S. G. Wolf	Incl. in Int. Med.		1	3	175
University Hospital [1-2]	Oklahoma City		...	...	..	..	...
Veterans Admin. Hospital [1]	Oklahoma City		...	...	..	..	...
Veterans Admin. Hospital [1-2]	Portland, Ore.	L. W. Ritzmann	640	63	..	2	...
Graduate Hospital of the University of Pennsylvania [1-2]	Philadelphia	S. Bellet	173	...	2	2	...
Pennsylvania Hospital [1-2]	Philadelphia	J. B. Vander Veer	Incl. in Int. Med.		2	2	20
Philadelphia General Hospital [1-2]	Philadelphia	S. Bellet	Incl. in Int. Med.		6	15	121
Presbyterian Hospital [1-2]	Philadelphia	J. R. Kitchell	Incl. in Int. Med.		1	1	175
Temple University Hospital [1-2]	Philadelphia	L. A. Sobin	Incl. in Int. Med.		2	2	...
Veterans Admin. Hospital [1-2]	Philadelphia	B. H. Pastor	740	98	..	1	...
Health Center Hospitals of the University of Pittsburgh School of Medicine [1-2]	Pittsburgh	J. D. Myers	573	51	2	2	150
St. Francis General Hospital and Rehabilitation Institute [1-2]	Pittsburgh	A. P. D'Zmura	480	32	..	1	225
Rhode Island Hospital [1-2]	Providence, R. I.	F. B. Cutts	Incl. in Int. Med.		2	2	175
University of Texas Medical Branch Hospitals [1-2]	Galveston, Texas	G. Herrmann	Incl. in Int. Med.		1	3	100
Veterans Admin. Hospital [1-2]	Richmond, Va.	W. T. Thompson, Jr.	1,042	67	..	2	...
University Hospitals [1-2]	Madison, Wis.	C. W. Crumpton	Incl. in Int. Med.		2	3	300

5. DERMATOLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Dermatology, Inc., through the Residency Review Committee for Dermatology, as offering acceptable training in the specialty.

Hospitals, 77; Assistant Residencies and Residencies, 318

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [4]	Total Residencies Offered [4]	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY								
Letterman Army Hospital [1-2]	San Francisco	R. Williams	339	11,457	1	3	3	...
Army Medical Center [1-2]	Washington, D. C.	R. S. Bigelow	227	13,709	4	12	3	...
Brooke Army Hospital [1-2]	San Antonio, Texas	G. Prazak	160	15,313	3	9	3	...
UNITED STATES NAVY								
U. S. Naval Hospital [1]	San Diego, Calif.	W. N. New	247	13,989	3	4	3	...
U. S. Naval Hospital [1-2-3]	Philadelphia	J. H. Lockwood	211	10,972	4	5	2	...

Numerical and other references will be found on pages 562 through 562.

5. DERMATOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [4]	Total Residencies Offered	Length of Approved Program (Years)	Beginning Stipend ($) (Month)
UNITED STATES PUBLIC HEALTH SERVICE								
U. S. Public Health Service Hospital [1-2-295]	Stapelton, S. I., N. Y.	B. J. Chester	475	7,253	1	3	3	...
NONFEDERAL AND VETERANS ADMINISTRATION								
University of Alabama Medical Center								
University Hospital and Hillman Clinic [1-2]	Birmingham, Ala.	R. O. Noojin	76	2,693	1	4	3	108
Lloyd Noland Hospital [1-2-51]	Fairfield, Ala.	P. G. Reque	78	4,988	1	1	1	250
Veterans Admin. Hospital [1-2]	Long Beach, Calif.	S. W. Becker	334	4	1	3	3	...
Los Angeles County Hospital [1]	Los Angeles	J. R. Scholtz	676	12,860	1	3	3	246
University of California Hospital [1-2]	Los Angeles	T. H. Sternberg	52	4,192	1	3	3	229
Veterans Admin. Hospital [1-2]	Los Angeles	E. T. Wright	647	19,926	3	7	3	...
White Memorial Hospital [1-2]	Los Angeles	M. Cooperman	37	4,384	1	2	2	215
Stanford University Hospitals [1-2]	San Francisco	E. M. Farber	113	7,478	2	4	3	100
University of California Hospitals [1]	San Francisco	R. B. Rees	67	6,902	1	4	3	231
University of Colorado Medical Center								
Colorado General Hospital [1-2]	Denver	O. S. Philpott	13	3,381	1	3	3	180
Grace-New Haven Community Hospital [1-2]	New Haven, Conn.	A. B. Lerner	300	3,776	1	2	3	140
Jackson Memorial Hospital [1-2]	Miami, Fla.	H. Blank	36	5,132	2	6	3	75
Cook County Hospital	Chicago	S. M. Bluefarb	286	11,626	1	3	3	300
Northwestern University Medical Center [1-2]	Chicago	H. Rattner	...	6,040	2	6	3	...
University of Chicago Clinics [1-2]	Chicago	S. Rothman	214	7,550	3	9	3	300
University of Illinois Research and Educational Hospitals [1-2-120]	Chicago	A. Rostenberg, Jr.	47	10,575	2	2	3	140
Veterans Admin. Hospital [1-2]	Hines, Ill.	L. A. Baker	614	122	1	2	1	...
Indianapolis General Hospital [1-2]	Indianapolis	J. E. Dalton	27	5,994	1	3	3	205
State University of Iowa Hospitals [1-2]	Iowa City	R. Nomland	335	3,589	1	3	3	175
Charity Hospital of Louisiana [1]	New Orleans	V. M. Henington C. B. Kennedy J. W. Burks	624	23,049	5	11	3	100
Johns Hopkins Hospital [1-2]	Baltimore	M. Sulzberger	Incl. in Int. Med.	4,775	1	3	3	250
University Hospital [1]	Baltimore	H. M. Robinson, Jr.	175	9,003	2	3	3	75
Veterans Admin. Hospital [1-2-102]	Fort Howard, Md.	M. Sullivan	38	12	1	1	3	...
Boston City Hospital [1-2]	Boston	B. Appel	114	15,010	1	5	3	132
Massachusetts General Hospital [1-2]	Boston	M. M. Tolman	580	8,150	3	4	3	67
Massachusetts Memorial Hospitals [1-2]	Boston	H. Mescon	...	1,435	1	4	3	175
University Hospital [1-2-131]	Ann Arbor, Mich.	C. C. Cumbie	745	6,874	5	15	3	100
Henry Ford Hospital [1-2]	Detroit	C. S. Livingood	377	37,746	4	12	3	250
Receiving Hospital [1-2]	Detroit	H. Pinkus	9	7,376	2	7	3	210
Minneapolis General Hospital	Minneapolis	C. W. Laymon	198	2,717	1	2	3	220
University of Minnesota Hospitals [1-2-210]	Minneapolis	F. W. Lynch	121	3,318	2	8	3	233
Veterans Admin. Hospital [1-2]	Minneapolis	I. Fisher	336	...	1	2	3	...
Mayo Foundation	Rochester, Minn.	L. A. Brunsting	718	28,541	5	15	3	175
Ancker Hospital [1-2]	St. Paul	H. G. Ravits	109	3,274	..	1	3	220
Barnes Hospital [1-2]	St. Louis	C. W. Lane	Incl. in Int. Med.				3	50
Mary Hitchcock Memorial Hospital [1-2]	Hanover, N. H.	W. C. Lobitz	157	4,443	1	3	3	218
Kings County Hospital—Division 1 [1-2]	Brooklyn, N. Y.	C. T. Chiaramonte	285	10,919	1	2	1	155
Edward J. Meyer Memorial Hospital [1-2-218]	Buffalo	F. D. Osborne	83	5,543	1	4	3	247
Roswell Park Memorial Hospital	Buffalo	H. L. Traenkle	73	3,434	..	1	1	...
Bellevue Hospital Center								
Div. IV—New York University Post-Graduate Medical School	New York City	M. Sulzberger	306	24,786	3	7	3	71
Mount Sinai Hospital [1-2]	New York City	S. M. Peck	35	7,268	1	1	3	75
New York Hospital [1-2]	New York City	G. Lewis	Incl. in Int. Med.	10,138	1	1	3	164
New York Polyclinic Medical School and Hospital [1]	New York City	A. C. Cipollaro	39	5,684	1	2	3	125
New York University—Bellevue Medical Center								
University Hospital (Skin and Cancer)	New York City	M. Sulzberger	139	72,846	2	6	3	75
Presbyterian Hospital [1]	New York City	C. T. Nelson	106	36,697	2	4	3	250
St. Luke's Hospital [1-2]	New York City	L. F. Barker	29	7,282	1	1	3	100
Veterans Admin. Hospital (Bronx) [1-2]	New York City	H. Shatin	424	1,197	2	5	3	...
Veterans Admin. Hospital (Manhattan) [1-2]	New York City	P. Michaelides	428	1	5	6	3	...
Duke Hospital [1-2]	Durham, N. C.	J. L. Calloway	306	6,801	2	4	3	102
University of Cincinnati College of Medicine Hospital Group								
Cincinnati General Hospital [1-2]	Cincinnati	L. Goldman	223	4,196	3	5	3	100
Cleveland Clinic Hospital [1-2]	Cleveland	J. R. Haserick	310	15,081	2	5	3	175
Cuyahoga County Hospital [1-2]	Cleveland	R. R. Rauschkolb	118	7,392	1	3	3	162
University Hospitals [1-2]	Cleveland	R. Stoughton	65	4,228	1	3	3	150
University of Oklahoma Medical Center			...	...	..	..	3	...
University Hospital [1-2]	Oklahoma City	J. H. Lamb	39	1,818	1	1	..	175
Veterans Admin. Hospital	Oklahoma City		...	510	..	1	..	...
University of Oregon Medical School Hospitals and Clinics [1-2]	Portland, Ore.	T. B. Fitzpatrick	99	5,304	1	3	3	125
Geo. F. Geisinger Memorial Hospital [1-2]	Danville, Pa.	R. F. Dickey	65	10,119	1	3	3	175
Graduate Hospital of the University of Pennsylvania [1-2]	Philadelphia	H. Beerman	28	2,725	1	3	3	...
Hahnemann Medical College and Hospital [1-2]	Philadelphia		8	2,510	1	1	1	75
Hospital of the University of Pennsylvania [1-2]	Philadelphia	D. Pillsbury	138	6,386	4	12	3	...
Jefferson Medical College Hospital [1-2]	Philadelphia	H. B. Decker	19	4,506	1	1	1	100
Pennsylvania Hospital [1-2]	Philadelphia	H. Beerman	...	3,368	1	1	1	50
Philadelphia General Hospital [1-2]	Philadelphia	R. Gross	171	5,348	2	2	1	121
Skin and Cancer Hospital	Philadelphia	L. S. Wright	...	20,144	4	4	1	100
University of Texas Medical Branch Hospitals [1-2]	Galveston, Texas	J. F. Mullins	113	5,356	2	6	3	160
Baylor University College of Medicine Affiliated Hospitals			...	...	..	..	3	...
Jefferson Davis Hospital [1-2]	Houston, Texas	E. R. Seale	40	4,302	1	3	..	75
Methodist Hospital [1-2]	Houston, Texas	M. G. Bloom	30	.....	..	..	..	220
Texas Children's Hospital [1-2]	Houston, Texas	E. R. Seale	15	6	..	..	..	...
Veterans Admin. Hospital [1-2]	Houston, Texas	E. R. Seale	147	381	1	3	..	...
University of Virginia Hospital [1-2]	Charlottesville, Va.	E. P. Cawley	165	7,480	2	6	3	50
University Hospitals [1-2]	Madison, Wis.	S. A. M. Johnson	221	5,802	1	3	1	100
Veterans Admin. Hospital [1-2-24]	Milwaukee (Wood), Wis.	D. W. Kersting	496	6,428	1	3	3	...

Numerical and other references will be found on pages 640 through 642.

6. GASTROENTEROLOGY

Residency programs in the following hospitals have been approved for ONE year of training by the Council and the Subspecialty Board for Gastroenterology of the American Board of Internal Medicine.

Hospitals, 30; Assistant Residencies and Residencies, 63

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
UNITED STATES ARMY							
Letterman Army Hospital [1-2]	San Francisco	E. Kehoe	397	2	1	1	...
Army Medical Center [1-2]	Washington, D. C.	B. H. Sullivan, Jr.	274	6	2	2	...
NONFEDERAL AND VETERANS ADMINISTRATION							
Veterans Admin. Hospital [1-2]	Long Beach, Calif.	S. J. Stempien	530	31	..	1	...
Veterans Admin. Hospital [1-2]	Los Angeles	M. I. Grossman	986	59	..	2	...
University of California Hospitals [2]	San Francisco	T. L. Althausen	Incl. in Int. Med.		..	..	...
Veterans Admin. Hospital [1-2-43]	West Haven, Conn.	S. Selesnick	Incl. in Int. Med.		3	5	...
Cook County Hospital	Chicago	F. Steigmann	...	...	4	4	140
Northwestern University Medical Center							
Veterans Admin. Research Hospital [1-2]	Chicago	E. C. Texter, Jr.	274	1	..	4	...
Indianapolis General Hospital [1-2]	Indianapolis	R. H. Moser	130	...	..	1	300
University of Kansas Medical Center [1-2]	Kansas City, Kan.	A. Klotz	406	1	2	2	125
Ochsner Foundation Hospital [1-2]	New Orleans	W. B. Davis	377	8	1	1	300
Touro Infirmary [1]	New Orleans	M. Kaplan	866	6	1	2	125
Beth Israel Hospital [1-2]	Boston	L. Zetzel	Incl. in Int. Med.		1	1	167
Lahey Clinic [1-2]	Boston	S. M. Jordan	2,856	4	8	8	300
Massachusetts Memorial Hospitals [1-2]	Boston	F. Ingelfinger	Incl. in Int. Med.		..	4	175
University Hospital [1-2]	Ann Arbor, Mich.	H. M. Pollard	...	...	2	5	160
Henry Ford Hospital [1-2]	Detroit	J. G. Mateer	1,215	70	5	6	250
Mayo Foundation	Rochester, Minn.	...	Incl. in Int. Med.		..	..	175
Jewish Hospital [1-2]	Brooklyn, N. Y.	M. J. Matzner	Incl. in Int. Med.		..	1	125
Veterans Admin. Hospital [1-2]	Brooklyn, N. Y.	A. P. Ingegno	444	9	1	1	...
Mount Sinai Hospital [1-2]	New York City	H. D. Janowitz	1,243	23	..	6	75
New York Polyclinic Medical School and Hospital [1]	New York City	S. A. Feder	301	2	1	1	125
Duke Hospital [1-2]	Durham, N. C.	J. M. Ruffin	351	3	..	3	250
North Carolina Baptist Hospital [1-2]	Winston-Salem, N. C.	D. Cayer	1,041	...	3	3	250
University of Cincinnati							
College of Medicine Hospital Group							
Cincinnati General Hospital [1-2]	Cincinnati	L. Schiff	Incl. in Int. Med.		..	..	...
Cleveland Clinic Hospital [1-2]	Cleveland	E. N. Collins	514	8	..	1	200
Veterans Admin. Hospital [1-2]	Cleveland	H. P. Roth	744	30	2	2	...
Ohio State University Hospitals							
University Hospital [1-2]	Columbus, Ohio	C. J. De Lor	468	6	..	1	252
Veterans Admin. Hospital [1-2]	Portland, Ore.	L. W. Ritzmann	415	9	..	1	...
Graduate Hospital of the							
University of Pennsylvania [1-2]	Philadelphia	H. L. Bockus	868	21	2	2	150
Hospital of the University of Pennsylvania [1-2]	Philadelphia	T. Machella	Incl. in Int. Med.		2	6	...
Jefferson Medical College Hospital [1-2]	Philadelphia	W. A. Sodeman	398	...	1	1	100
Temple University Hospital [1-2]	Philadelphia	H. Shay	Incl. in Int. Med.		1	1	...
Veterans Admin. Hospital [1-2]	Memphis, Tenn.	M. L. Gomperts	1,153	27	1	1	...
Veterans Admin. Hospital [1-2]	Richmond, Va.	W. T. Thompson, Jr.	805	20	..	2	...
Veterans Admin. Hospital [1-2]	Milwaukee (Wood), Wis.	J. J. Levin	878	37	1	1	...

7. GENERAL PRACTICE

Residency programs in the following hospitals have been approved by the Council and the American Academy of General Practice, through the Residency Review Committee for General Practice, as offering acceptable training in this field.

Hospitals, 209; Assistant Residencies and Residencies, 686

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES AIR FORCE								
U. S. Air Force Hospital [1-2]	Montgomery, Ala.	J. A. Jarman	.....	...	4	8	2	...
U. S. Air Force Hospital	San Antonio, Texas	W. L. Kenoyer	18,734	61	3	6	2	...
UNITED STATES ARMY								
U. S. Army Hospital [1-2]	Fort Knox, Ky.	D. L. Deutsch	12,680	57	8	16	2	...
UNITED STATES NAVY								
U. S. Naval Hospital [1-2]	Oakland, Calif.	R. O. Canada	4,980	76	1	1	2	...
U. S. Naval Hospital [1]	San Diego, Calif.	M. M. Rubin	.....	...	2	4	2	...
UNITED STATES PUBLIC HEALTH SERVICE								
U. S. Public Health Service Hospital [1]	Norfolk, Va.	.....	.....	...	3	6	2	...
NONFEDERAL AND VETERANS ADMINISTRATION								
Carraway Methodist Hospital [1]	Birmingham, Ala.	C. W. Neville	Incl. in Int. Med.		1	2	2	250
Good Samaritan Hospital [1]	Phoenix, Ariz.	R. A. McCulley	7,821	55	1	1	2	300
Maricopa County General Hospital [1-2]	Phoenix, Ariz.	H. M. Bunch	.....	...	6	6	2	250
St. Mary's Hospital [1-2]	Tucson, Ariz.	R. R. Bates	Incl. in Int. Med.		2	2	2	300
University of Arkansas Medical Center [1-2-43]	Little Rock, Ark.	J. T. Riggin	.....	...	12	24	2	150
St. Michael's Hospital [1-2]	Texarkana, Ark.	J. B. Kittrell	7,331	42	1	2	2	250
General Hospital of Riverside County [1]	Arlington, Calif.	.....	2,998	44	6	6	2	444
Kern County General Hospital [1]	Bakersfield, Calif.	R. T. Cunningham	.....	...	4	4	2	225
St. Mary's Long Beach Hospital [2]	Long Beach, Calif.	W. L. Thompson	18,154	120	2	4	2	300
Contra Costa County Hospital [1]	Martinez, Calif.	G. Degnan	6,217	185	9	10	2	170
Stanislaus County Hospital [1]	Modesto, Calif.	R. S. Westphal	.....	...	6	8	2	500
Kaiser Foundation Hospital [1-2]	Oakland, Calif.	H. S. Holmboe	.....	...	4	4	2	315
Sacramento County Hospital [1-2]	Sacramento, Calif.	D. Ernest	13,058	528	8	12	2	300
Monterey County Hospital [1]	Salinas, Calif.	W. A. Cassidy	3,633	165	9	9	2	500

Numerical and other references will be found on pages 640 through 642.

7. GENERAL PRACTICE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered*	Total Residencies Offered*	Length of Approved Program (Years)	Beginning Stipend (Month)
Santa Barbara General Hospital	Santa Barbara, Calif.	D. M. Caldwell	2,582	77	3	6	2	450
Sonoma County Hospital	Santa Rosa, Calif.	H. D. Stalley	3,757	119	4	8	2	425
Tulare County General Hospital [1]	Tulare, Calif.	H. E. Jakes	3,020	99	5	6	2	650
General Hospital Ventura County [1-2]	Ventura, Calif.	R. W. Hosner	4,644	54	5	10	2	434
Community Hospital [1-2]	Boulder, Colo.	E. B. Craven	4,227	45	1	2	2	300
Glockner-Penrose Hospital [1-2]	Colorado Springs, Colo.	M. Berthrong	6,356	68	2	2	2	300
St. Francis Hospital [1-2]	Colorado Springs, Colo.	R. W. Urich	9,274	140	2	2	1	300
St. Joseph's Hospital	Denver	F. B. Methlone	.....	...	..	..	2	300
University of Colorado Medical Center								
Colorado General Hospital [1-2]	Denver	C. W. Eisele	.....	...	8	18	2	180
Denver General Hospital [1-2]	Denver		.....	...	..	..	..	...
St. Mary—Corwin Hospital [1-2]	Pueblo, Colo.	F. W. Barrows	14,577	92	4	8	2	285
Bridgeport Hospital [1-2]	Bridgeport, Conn.	E. R. Connors	.....	...	1	2	2	240
Greenwich Hospital [1-2]	Greenwich, Conn.	G. Carter	8,108	147	1	1	1	150
Charlotte Hungerford Hospital [1-2]	Torrington, Conn.	M. E. Globbe	5,914	65	3	3	2	300
Wilmington General Hospital [1-2]	Wilmington, Del.	F. S. Skura	7,386	52	10	10	2	300
Eastern Dispensary and Casualty Hospital [1-2]	Washington, D. C.	J. R. Young	1,441	22	5	10	2	300
Halifax District Hospital [1-2]	Daytona Beach, Fla.	H. A. King	9,939	128	...	5	2	...
Baptist Memorial Hospital [1-2]	Jacksonville, Fla.	A. M. Manson	.....	...	2	4	2	325
St. Luke's Hospital [1-2]	Jacksonville, Fla.	E. E. Leitner	.....	...	1	2	2	300
St. Vincent's Hospital [1-2]	Jacksonville, Fla.	L. M. Wachtel	Incl. in Int. Med.		1	2	2	325
Baptist Hospital [1-2]	Pensacola, Fla.	J. R. Lundquist	10,206	83	2	4	2	300
Sacred Heart Hospital	Pensacola, Fla.	F. E. Williams	.....	...	3	3	2	325
Mound Park Hospital [1]	St. Petersburg, Fla.	P. B. Kerskes	4,250	78	1	2	2	300
Grady Memorial Hospital [1]	Atlanta, Ga.	W. Glenn	.....	...	8	8	2	300
Medical Center [1-2]	Columbus, Ga.	E. B. Horn	.....	...	4	4	1	250
Tri-County Hospital [1]	Fort Oglethorpe, Ga.	F. H. Simonton	.....	...	6	6	2	250
Macon Hospital [1]	Macon, Ga.	J. W. Daniel, Jr.	.....	...	8	10	2	250
McNeal Memorial Hospital [1-2]	Berwyn, Ill.	J. C. Kolnick	7,230	80	5	5	2	250
Grant Hospital [1-2]	Chicago	R. M. Mandel	.....	...	1	2	2	225
Illinois Masonic Hospital [1-2]	Chicago	J. Potichs	3,271	30	1	1	2	115
Louis A. Weiss Memorial Hospital [1]	Chicago	R. L. Simons	.....	...	4	8	2	385
St. Mary of Nazareth Hospital [1-2]	Chicago	A. Motto	10,479	133	1	2	2	300
South Shore Hospital [1-2]	Chicago	S. H. Gumbiner	7,247	79	2	2	1	250
Decatur and Macon County Hospital	Decatur, Ill.	C. T. Johnson	5,263	71	2	2	1	275
Methodist Hospital of Central Illinois [2]	Peoria, Ill.	H. G. Johnson	2,843	81	4	4	1	300
Methodist Hospital [1-2]	Gary, Ind.	M. Shellhouse	.....	...	2	2	2	300
Methodist Hospital [1]	Indianapolis	D. Hampshire	11,783	...	2	4	2	278
Broadlawns-Polk County Hospital [1]	Des Moines, Iowa	V. L. Schlaser	.....	...	2	2	1	250
St. Francis Hospital [1-2]	Wichita, Kan.	V. D. Schwartz	.....	...	4	4	2	275
Wesley Hospital [1-2]	Wichita, Kan.	J. Tiller	4,438	17	2	2	2	310
Wm. Booth Memorial Hospital [1]	Covington, Ky.	C. W. Alf	792	17	12	12	2	...
St. Anthony Hospital [1-2]	Louisville, Ky.	T. V. Gudex	8,946	75	1	2	2	250
Lafayette Charity Hospital [1-2]	Lafayette, La.	E. Hull	3,000	112	18	18	1	375
St. Patrick's Hospital	Lake Charles, La.	A. McCann	9,536	40	2	4	2	250
E. A. Conway Memorial Hospital [1]	Monroe, La.	F. W. Sartor	.....	...	10	15	2	400
Touro Infirmary [1]	New Orleans	A. Goldman	.....	...	1	1	2	125
Huey P. Long Charity Hospital	Pineville, La.	M. Honigman	9,168	71	12	12	1	375
Maine Medical Center [1]	Portland, Maine	S. R. Branson	.....	...	1	1	2	125
Bon Secours Hospital [1]	Baltimore	F. J. Geraghty	.....	...	1	2	2	270
Doctors Hospital [1-2]	Baltimore	W. A. Anderson	4,560	24	5	10	2	250
University Hospital [1]	Baltimore	T. E. Woodward	.....	...	2	3	2	75
Suburban Hospital [1-2]	Bethesda, Md.	C. T. Joyce	8,134	129	3	6	2	175
New England Hospital [1-2]	Boston	R. A. Draper	.....	...	2	4	2	85
St. Anne's Hospital [1]	Fall River, Mass.	J. C. Corrigan	6,220	66	4	4	1	300
Worcester City Hospital [1-2]	Worcester, Mass.	J. A. Lundy	.....	...	4	6	2	215
Oakwood Hospital [1-2]	Dearborn, Mich.	S. M. Gillespie	6,695	43	4	8	2	250
Brent General Hospital [1-2]	Detroit	C. Rottenberg	7,108	54	3	6	2	150
Evangelical Deaconess Hospital [1-2]	Detroit	W. P. Curtiss	721	9	1	2	2	367
Henry Ford Hospital [1-2]	Detroit	J. G. Mateer	Incl. in Int. Med.		2	4	2	250
Lynn Hospital [1-2]	Detroit	E. W. Erickson	3,492	94	6	12	2	300
North Detroit General Hospital [1-2]	Detroit	E. L. Lieberman	4,424	36	3	5	2	425
Hurley Hospital [1-2]	Flint, Mich.	J. S. Schultz	.....	...	2	2	1	325
McLaren General Hospital [1]	Flint, Mich.	G. C. Campbell	3,314	39	3	6	2	350
St. Joseph Hospital	Flint, Mich.	J. Benson	10,126	265	...	...	...	...
Borgess Hospital [1]	Kalamazoo, Mich.	F. M. Doyle	5,296	122	2	4	2	275
St. Joseph Mercy Hospital [1-2]	Pontiac, Mich.	H. Arnkoff	.....	...	4	4	2	325
St. Mary's Hospital	Saginaw, Mich.	T. E. Fleschner	5,423	77	1	2	2	400
James Decker Munson Hospital [1]	Traverse City, Mich.	G. E. Stokes	.....	...	1	2	2	300
Wyandotte General Hospital [1]	Wyandotte, Mich.	R. J. Deering	10,703	106	8	8	2	400
Fairview Hospital [1-2]	Minneapolis	L. F. Sherman	2,620	150	5	10	2	300
Lutheran Deaconess Home and Hospital [1-2]	Minneapolis	B. Cohen	8,592	85	2	3	2	300
Midway Hospital [2]	St. Paul	A. E. Ritt	6,162	88	...	4	2	300
St. Luke's Hospital	St. Paul	R. C. Knutson-C. J. Misbek	7,628	67	4	8	2	300
Mississippi Baptist Hospital [1-2]	Jackson, Miss.	W. E. Lotterhos	2,581	17	1	1	2	250
University Hospital [1]	Jackson, Miss.	L. F. Rittelmeyer	8,392	276	2	4	2	250
Mercy Hospital-Street Memorial [1-2-21s]	Vicksburg, Miss.	T. H. Mitchell	.....	20	1	2	1	275
University of Missouri Medical Center [1-2]	Columbia, Mo.	R. L. Pullen	Incl. in Int. Med.		1	2	2	300
Menorah Medical Center [1-2]	Kansas City, Mo.	L. M. Shapiro	.....	...	2	3	2	300
Missouri Methodist Hospital [1-2]	St. Joseph, Mo.	W. D. Craig	4,280	57	2	2	1	225
De Paul Hospital [1-2]	St. Louis	W. A. Spoeneman	.....	102	2	2	2	300
Lutheran Hospital [1-2]	St. Louis	F. V. Henschel	6,876	105	..	4	2	300
St. Anthony's Hospital [1-2]	St. Louis	G. O'Sullivan	3,861	30	3	6	2	300
Immanuel Hospital [1-2]	Omaha, Neb.	C. M. Bonniwell	5,842	67	1	1	2	450
Montefiore Medical Center [1-2]	Flemington, N. J.	E. D. Pellegrino	1,206	74	2	2	2	150
Mountainside Hospital [1-2]	Montclair, N. J.	F. H. Schurman	6,583	98	1	2	2	250
Princeton Hospital [1-2]	Princeton, N. J.	B. B. Scasserra	6,334	...	5	5	2	300
Somerset Hospital	Somersville, N. J.	M. E. Tolomeo	10,542	95	1	1	2	225
Overlook Hospital [1-2]	Summit, N. J.	L. J. Anson	11,336	154	1	2	1	300
Mercy Hospital	Buffalo	C. P. Banas	16,324	198	3	6	1	250
Millard Fillmore Hospital [1-2]	Buffalo	M. Cheplove	1,350	...	2	3	2	385

Numerical and other references will be found on pages 540 through 542.

7. GENERAL PRACTICE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Length of Approved Program (Years)	Beginning Stipend, Yr. (Month)
Community Hospital at Glen Cove [1-2]	Glen Cove, N. Y.	R. Parker	8,023	167	2	2	2	300
Kingston Hospital	Kingston, N. Y.	H. L. Rahov	5,444	85	2	2	2	300
Our Lady of Victory Hospital [2]	Lackawanna, N. Y.	T. F. Barrett	9,284	72	1	1	1	175
St. Mary's Hospital [1-2]	Rochester, N. Y.	C. Noonan	4,312	170	1	2	2	250
North Carolina Memorial Hospital [1-2]	Chapel Hill, N. C.	J. Sessions	...	...	2	2	2	175
Mercy Hospital [1-2]	Charlotte, N. C.	E. L. Potter	3,782	35	4	4	2	265
City Memorial Hospital [1-2]	Winston-Salem, N. C.	.....	...	...	1	2	2	300
Akron City Hospital [1-2]	Akron, Ohio	D. J. Roberts	22,105	...	2	4	2	250
Akron General Hospital [1]	Akron, Ohio	H. A. Karam	.....	...	4	9	3	250
St. Thomas Hospital [1-2]	Akron, Ohio	W. F. Bennett	.....	...	2	4	2	250
Barberton Citizens Hospital [1-2]	Barberton, Ohio	A. Brown	10,072	100	3	6	2	250
Mercy Hospital [1-2]	Canton, Ohio	J. G. Hendershot	1,923	33	1	1	2	300
Christ Hospital [1]	Cincinnati	J. L. Lindner	.....	...	4	8	2	300
Good Samaritan Hospital [1-2]	Cincinnati	J. D. Marinol	Incl. in Int. Med.		4	4	2	250
Fairview Park Hospital [1-2]	Cleveland	R. S. Maurer	.....	...	2	4	2	300
Polyclinic Hospital	Cleveland	J. R. Heller	.....	...	4	7	2	300
Woman's Hospital [1-2]	Cleveland	P. Coppedge	6,166	42	1	8	2	175
Mount Carmel Hospital [1-2]	Columbus, Ohio	J. H. Henry	1,045	18	2	3	2	275
St. Anthony's Hospital [1-2]	Columbus, Ohio	W. W. Wiltberger	1,546	20	3	6	2	265
White Cross Hospital [1-2]	Columbus, Ohio	W. P. Smith, Jr.	1,750	33	1	1	1	250
Good Samaritan Hospital [1-2]	Dayton, Ohio	R. M. Kahn	15,253	96	2	4	2	270
Miami Valley Hospital [1-2]	Dayton, Ohio	D. L. Hirst	.....	...	4	8	2	300
Elyria Memorial Hospital [1-2]	Elyria, Ohio	J. Wherry	1,334	17	3	5	2	270
Euclid-Glenville Hospital [1-2]	Euclid, Ohio	J. B. Price	8,300	86	9	12	2	300
Lima Memorial Hospital [1-2]	Lima, Ohio	E. Murray	6,929	107	1	3	1	275
St. Rita's Hospital [1-2]	Lima, Ohio	A. Ghobrous	3,300	45	1	2	2	300
Ohio Valley Hospital [2]	Steubenville, Ohio	C. F. Goll	10,280	93	1	2	2	300
Mercy Hospital [1-2]	Toledo, Ohio	J. C. Fries	1,540	49	1	2	2	275
St. Charles Hospital [1-2]	Toledo, Ohio	J. S. Kozy	.....	...	2	4	2	275
St. Vincent's Hospital [1-2]	Toledo, Ohio	M. A. Schnitker	.....	...	1	2	2	325
Toledo Hospital [1-2]	Toledo, Ohio	J. L. Kobacker	3,725	58	1	2	2	275
St. Joseph's Riverside Hospital [1-2]	Warren, Ohio	L. A. Loria	.....	...	4	7	2	300
Youngstown Hospital [1-2]	Youngstown, Ohio	J. L. Fisher	7,893	142	1	2	2	275
University of Oklahoma Hospitals [1-2-32]	Oklahoma City	I. H. Brown	.....	...	8	8	2	275
St. Vincent's Hospital [1-2]	Portland, Ore.	G. T. Harpole	.....	...	2	4	2	275
Altoona Hospital [1-2]	Altoona, Pa.	R. S. Magee	2,108	61	1	3	2	225
St. Luke's Hospital [1-2]	Bethlehem, Pa.	P. Bodura	.....	...	1	1	1	225
Chester Hospital [1-2]	Chester, Pa.	H. Gohl	11,840	186	2	2	2	350
Geo. F. Geisinger Memorial Hospital [1-2]	Danville, Pa.	J. A. Collins	.....	...	1	1	2	175
Thomas M. Fitzgerald Mercy Hospital	Darby, Pa.	E. G. Torrance	12,116	114	1	1	1	300
Montgomery Hospital	Norristown, Pa.	S. C. Cartagno	8,329	98	2	2	1	400
Sacred Heart Hospital [1-2]	Norristown, Pa.	J. C. McLoone	2,851	54	6	6	1	350
St. Mary's Hospital [2]	Philadelphia	J. Daly	7,903	75	4	8	2	250
St. Clair Memorial Hospital [1]	Pittsburgh	I. L. Kaufman	5,069	35	3	3	2	500
A. C. Milliken Hospital [2]	Pottsville, Pa.	N. M. Wall	5,530	69	3	6	2	400
Community General Hospital [1-2]	Reading, Pa.	C. S. Krieg	7,741	94	2	2	2	300
Newport Hospital [1-2]	Newport, R. I.	A. M. Tartaglino	1,914	...	1	1	2	150
Memorial Hospital [1-2]	Pawtucket, R. I.	E. J. Mara	Incl. in Int. Med.		2	4	2	250
Woonsocket Hospital [1-2]	Woonsocket, R. I.	H. J. Gauthier	6,401	94	3	6	2	300
Greenville General Hospital [1]	Greenville, S. C.	W. H. Thames	10,729	150	3	3	2	300
Spartanburg General Hospital [1]	Spartanburg, S. C.	L. W. Luttrell	18,827	110	3	3	2	300
Sioux Valley Hospital [1-2]	Sioux Falls, S. Dak.	E. E. Greenough	9,720	122	1	2	2	300
Sacred Heart Hospital [1-2]	Yankton, S. Dak.	R. F. Thompson	4,929	85	4	4	2	300
St. Mary's Memorial Hospital [1-2]	Knoxville, Tenn.	J. Raulston	13,067	98	1	2	2	250
University of Tennessee Memorial Research Center and Hospital [1-2]	Knoxville, Tenn.	J. H. Burkhart	11,981	...	2	4	2	320
Baptist Hospital [1-2]	Nashville, Tenn.	J. P. Lindsay	1,621	...	3	3	1	300
All Saints Hospital [1-2]	Fort Worth, Texas	E. Davenport	6,577	96	4	4	1	250
St. Mary's Infirmary [1]	Galveston, Texas	M. L. Ross	7,923	74	4	8	2	400
Memorial Hospital [1-2]	Houston, Texas	P. J. Cerala	19,676	155	6	12	2	320
San Travis Memorial Hospital [1-2]	Jacksonville, Texas	J. M. Travis	5,473	30	1	2	2	250
Baptist Memorial Hospital [1-2]	San Antonio, Texas	L. B. Jones	9,649	146	2	2	2	150
Robert B. Green Memorial Hospital [1-2]	San Antonio, Texas	L. B. Reppert	...	...	1	1	2	150
Santa Rosa Hospital [1-2]	San Antonio, Texas	E. L. Mueller, Sr.	.....	...	1	2	2	250
Wichita General Hospital [1-2]	Wichita Falls, Texas	J. B. Hathorn	10,489	63	3	3	1	300
St. Benedict's Hospital [1-2]	Ogden, Utah	D. D. Nelson	3,707	87	4	4	1	250
Thomas D. Dee Memorial Hospital [1]	Ogden, Utah	G. F. Kearns	12,859	197	3	5	2	325
De Goesbriand Memorial Hospital	Burlington, Vt.	J. Lantman- A. B. Lawrence	.....	...	1	2	2	167
Riverside Hospital [1-2]	Newport News, Va.	M. L. Horne	Incl. in Int. Med.		6	6	2	250
De Paul Hospital [1-2]	Norfolk, Va.	I. Hancock	.....	...	1	2	2	300
Norfolk Community Hospital [1-2]	Norfolk, Va.	G. H. Francis	3,343	46	2	4	2	300
Norfolk General Hospital [1-2]	Norfolk, Va.	G. H. Rector	Incl. in Int. Med.		4	4	2	215
Louise Obici Memorial Hospital [1-2]	Suffolk, Va.	A. H. Taylor	5,500	60	1	2	2	250
Providence Hospital [1-2]	Seattle	M. J. Buckley	.....	...	4	4	1	215
Sacred Heart Hospital [2]	Spokane, Wash.	E. B. Saxon	16,305	267	2	4	1	250
St. Luke's Hospital	Spokane, Wash.	D. E. Babcock	.....	...	2	2	2	225
Bluefield Sanitarium [2]	Bluefield, W. Va.	J. R. Shanklin	2,253	28	1	4	1	400
Charleston General Hospital [1-2]	Charleston, W. Va.	M. Barber	Incl. in Int. Med.		2	2	2	225
Memorial Hospital [1-2]	Charleston, W. Va.	J. W. Hash	.....	...	1	1	1	250
Cabell Huntington Hospital [1-2]	Huntington, W. Va.	F. M. Booth	Incl. in Int. Med.		2	2	2	250
Camden Clark Memorial Hospital [1-2]	Parkersburg, W. Va.	W. R. Yeager	8,669	63	1	2	2	300
St. Joseph's Hospital [2]	Parkersburg, W. Va.	L. W. Hovis	8,761	78	1	1	2	300
Ohio Valley General Hospital [1-2]	Wheeling, W. Va.	G. C. Armbrecht	3,177	28	2	4	2	300
Luther Hospital [1-2]	Eau Claire, Wis.	R. R. Richards	9,487	127	2	2	1	300
Evangelical Deaconess Hospital [1-2]	Milwaukee	A. H. Hermann	6,606	105	2	3	2	250
Milwaukee County Hospital [1-2]	Milwaukee	W. W. Engstrom- J. M. King	.....	...	2	4	2	267
Milwaukee Hospital [1-2]	Milwaukee	F. R. Daniels	.....	...	1	1	1	270
St. Luke's Hospital [1-2]	Milwaukee	M. Landsberg	4,358	50	1	2	2	275
St. Michael Hospital [2]	Milwaukee	E. Kay	.....	...	3	6	2	275
Arecibo District Hospital [1]	Arecibo, P. R.	M. de J. Gonzalez	.....	...	4	6	2	250
Hospital Auxilio Mutuo [1]	Hato Rey, P. R.	F. H. Morales	.....	...	..	..	2	250

Numerical and other references will be found on pages 840 through 842.

8. INTERNAL MEDICINE

Residency programs in the following hospitals have been approved by the Council, the American Board of Internal Medicine, and the American College of Physicians through the Residency Review Committee for Internal Medicine, as offering acceptable training in the specialty under any of the several programs leading to eligibility for examination by the American Board of Internal Medicine.

Hospitals, 508; Assistant Residencies and Residencies, 5,535

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Salary (Month)
UNITED STATES AIR FORCE								
U. S. Air Force Hospital	San Antonio, Texas	P. G. Keil	5,901	99	5	15	3	...
UNITED STATES ARMY								
Letterman Army Hospital [1-3]	San Francisco	F. H. Mowrey	1,041	52	5	18	3	...
Fitzsimons Army Hospital [1-3]	Denver	G. M. Powell	1,750	95	3	10	3	...
Army Medical Center [1-3]	Washington, D. C.	T. W. Mattingly	900	58	8	25	3	...
William Beaumont Army Hospital [3]	El Paso, Texas	R. C. Hunter, Jr.	7,748	80	3	9	3	...
Brooke Army Hospital [1-3]	San Antonio, Texas	D. J. Sheehan	3,230	133	7	22	3	...
Madigan Army Hospital [1-3]	Tacoma, Wash.	W. C. Berry	2,492	77	2	2	1	...
Tripler Army Hospital [1-3]	Honolulu, T. H.	A. A. Biederman	4,955	97	5	15	3	...
UNITED STATES NAVY								
U. S. Naval Hospital [1-3-25]	Oakland, Calif.	R. O. Canada, Jr.	3,256	51	5	12	3	...
U. S. Naval Hospital [1]	San Diego, Calif.	J. E. Gorman	1,733	69	5	15	3	...
U. S. Naval Hospital [1-3]	Great Lakes, Ill.	G. M. Davis	3,573	70	..	1	3	...
U. S. Naval Hospital [1-3]	Bethesda, Md.	J. B. MacGregor	775	...	4	11	3	...
U. S. Naval Hospital [1-3]	Chelsea, Mass.	H. L. Jones, Jr.	2,258	30	2	4	3	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	G. L. Canvy	1,598	18	4	8	3	...
U. S. Naval Hospital [1-3]	Philadelphia	J. A. Graham	2,658	84	6	12	3	...
U. S. Naval Hospital [1-3]	Portsmouth, Va.	R. J. Whipple	1,546	20	4	6	3	...
UNITED STATES PUBLIC HEALTH SERVICE								
U. S. Public Health Service Hospital [1-3]	San Francisco	R. H. Linn	2,159	31	2	6	3	...
U. S. Public Health Service Hospital [1-3]	New Orleans	J. K. Irion	2,781	35	1	4	3	...
U. S. Public Health Service Hospital [1-3]	Baltimore	G. F. Ellinger	1,787	33	2	6	3	...
National Institutes of Health Clinical Center [1-3]	Bethesda, Md.	L. Terry	751	43	..	12	1	...
U. S. Public Health Service Hospital [31]	Boston	D. J. Quarrington	1,439	30	1	3	3	...
U. S. Public Health Service Hospital [1-3]	Stapleton, N. I., N. Y.	C. G. Spiekhall	2,774	83	3	9	3	...
U. S. Public Health Service Hospital [1-3]	Seattle	W. H. Stimson	1,771	38	1	3	3	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE								
Freedmen's Hospital [1-3]	Washington, D. C.	J. B. Johnson	1,280	88	4	14	3	308
NONFEDERAL AND VETERANS ADMINISTRATION								
Carraway Methodist Hospital [1]	Birmingham, Ala.	E. D. Lineberry—O. C. McCarn	2,209	47	1	1	3	250
University of Alabama Medical Center			...	...	...	...	3	...
University Hospital and Hillman Clinic [1-3]	Birmingham, Ala.	W. B. Frommeyer	5,597	183	12	36	..	108
Veterans Admin. Hospital [1-3]	Birmingham, Ala.	E. E. Eddleman, Jr.	571	43	3	7	..	...
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	C. E. Porter	3,109	69	2	6	3	250
Mobile County Hospital [1-2]	Mobile, Ala.	J. J. Atkinson	1,417	98	1	2	1	275
Veterans Admin. Hospital [1]	Tuskegee, Ala.	E. T. Odom	1,001	53	3	8	3	...
Maricopa County General Hospital [1-3]	Phoenix, Ariz.	M. H. Green	953	66	2	6	3	300
St. Joseph's Hospital [1-3]	Phoenix, Ariz.	B. Frissell	2,002	61	1	3	3	250
St. Mary's Hospital [1-3]	Tucson, Ariz.	S. Stephens	5,004	122	3	9	3	300
Tucson Medical Center [1-3]	Tucson, Ariz.	R. V. Murphy	4,671	132	2	2	1	300
University Hospital [1-5]	Little Rock, Ark.	R. V. Ebert	1,117	61	6	18	3	155
Veterans Admin. Hospital [1-3]	Little Rock, Ark.	R. R. Hipp	3,493	118	3	5	3	...
General Hospital of Riverside County [1]	Riverside, Calif.		1,677	129	1	1	3	500
Kern County General Hospital [1]	Bakersfield, Calif.	C. Stilzenbaner	1,380	161	4	8	3	325
Herrick Memorial Hospital [1-3]	Berkeley, Calif.	H. L. Harvey	2,429	89	1	3	3	175
City of Hope Medical Center [1-3]	Duarte, Calif.	H. R. Bierman	292	55	1	3	1	400
San Joaquin General Hospital [1]	French Camp, Calif.	L. Armanino	2,084	221	3	6	3	300
General Hospital of Fresno County [1-3]	Fresno, Calif.	B. R. Parker	2,440	133	2	6	3	300
Glendale Sanitarium and Hospital [1]	Glendale, Calif.	D. L. John	4,817	154	1	3	3	325
Scripps Clinic and Research Foundation [1-3]	La Jolla, Calif.	E. L. Keyser	2,116	36	2	6	1	415
Seaside Memorial Hospital [1-3]	Long Beach, Calif.	A. H. Powell	4,901	118	1	3	3	185
Veterans Admin. Hospital [1-3-55]	Long Beach, Calif.	D. W. Lelk	2,434	203	6	18	3	...
Cedars of Lebanon Hospital [1-3]	Los Angeles	J. Reynolds—L. Gunther	2,449	79	4	10	3	305
Hospital of the Good Samaritan [1-3]	Los Angeles	J. L. Reynolds	3,368	65	2	6	3	250
Los Angeles County Hospital [1]	Los Angeles	W. Gitel	16,667	967	18	48	3	246
Presbyterian Hospital—Olmsted Memorial [1-3]	Los Angeles	L. M. Waller	2,652	40	2	2	1	300
Queen of Angels Hospital [1-3]	Los Angeles	R. Bretchner	3,218	136	1	2	1	300
St. Vincent's Hospital [1-3]	Los Angeles	J. W. Boland	3,680	69	1	2	1	350
University of California Hospital [1-3]	Los Angeles	J. S. Lawrence	1,777	97	6	12	3	300
Veterans Admin. Hospital [1-3]	Los Angeles	L. Fred	5,369	382	30	54	3	...
White Memorial Hospital [1-3]	Los Angeles	V. J. Johns, Jr.	1,748	90	2	5	3	215
Highland-Alameda County Hospital [1-3-71]	Oakland, Calif.	K. W. Benson	5,701	292	4	12	3	300
Kaiser Foundation Hospital [1-3]	Oakland, Calif.	P. F. Raimondi	2,004	97	6	9	3	315
Veterans Admin. Hospital [1-3]	Oakland, Calif.	E. R. Moyitt	6,163	371	3	9	3	...
Orange County General Hospital [1-3]	Orange, Calif.	R. W. Oppell—G. F. Warner	3,570	135	1	4	3	255
Collis P. and Howard Huntington Memorial Hospital [1-3]	Pasadena, Calif.	R. M. Shelton	2,430	112	1	3	3	300
San Bernardino County Charity Hospital	San Bernardino, Calif.	W. L. Cover	1,521	177	4	4	1	100
Mercy Hospital [1-3]	San Diego, Calif.	E. M. Fetter	2,542	85	1	3	3	225
San Diego County General Hospital [1-3]	San Diego, Calif.	A. M. Bassett	1,973	149	4	7	3	250
Children's Hospital [1-3]	San Francisco	P. M. Agzeler	1,165	40	2	5	2	175
Franklin Hospital [1]	San Francisco	D. Gorman	1,845	25	1	3	1	400
French Hospital [1-3]	San Francisco	D. L. Wilbur	1,977	60	3	4	2	300
Kaiser Foundation Hospital [1-3]	San Francisco	C. C. Herbert	1,349	112	4	12	3	300
Mary's Help Hospital [1-3]	San Francisco	F. Roehrs	1,516	56	1	2	1	300

Numerical and other references will be found on pages 540 through 542.

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered*	Total Residencies Offered*	Length of Approved Program (Years)	Beginning Stipend (Month)
Mount Zion Hospital [1-2]	San Francisco	J. J. Sampson	3,987	136	3	6	3	150
St. Joseph's Hospital [1-2]	San Francisco	M. E. Leonard	2,202	46	1	1	1	300
St. Luke's Hospital [1-2]	San Francisco	E. Bruck	2,797	69	2	4	3	225
St. Mary's Hospital [1-2]	San Francisco	J. J. McGinnis	2,221	55	2	2	3	200
San Francisco Hospital								
Stanford University Service [1]	San Francisco	J. K. Lewis	2,530	133	5	6	3	225
University of California Hospitals [1]	San Francisco	I. S. Kleiman	2,487	218	5	7	3	225
Southern Pacific General Hospital [1-2]	San Francisco	R. E. Allen	4,014	170	2	5	3	175
Stanford University Hospitals [1-2-75]	San Francisco	D. A. Rytand	2,021	122	9	15	3	100
University of California Hospitals [2-75]	San Francisco	H. D. Brainerd	2,717	134	9	29	3	231
Veterans Admin. Hospital [1-2]	San Francisco	F. M. Willett	1,304	117	13	22	2	...
Santa Clara County Hospital [1-2]	San Jose, Calif.	J. M. Stone	1,384	200	2	5	3	200
Community Hospital of San Mateo County [1]	San Mateo, Calif.	W. F. Knorp	1,073	83	2	5	2	300
Santa Barbara Cottage Hospital [1-2-59]	Santa Barbara, Calif.	T. K. Hill	2,194	78	3	6	3	300
Veterans Admin. Hospital [1-2]	Sepulveda, Calif.	R. Goldman	767	105	1	4	1	...
Harbor General Hospital [1-2]	Torrance, Calif.	E. M. Duvall-F. Kellogg	4,151	282	8	24	3	248
Mercy Hospital [1-2]	Denver	A. W. Mutz	4,139	96	1	1	1	225
Presbyterian Hospital [1-2-92]	Denver	H. A. Bradford	1,673	73	1	3	2	225
St. Joseph's Hospital [1-2]	Denver	W. B. Yegge	3,375	63	3	6	3	300
St. Luke's Hospital [1-2]	Denver	M. G. Sinn	3,698	171	1	1	2	225
University of Colorado Medical Center		G. Meikle john					3	...
Colorado General Hospital [1-2]	Denver		1,478	158	8	34	..	180
Denver General Hospital [1-2]	Denver		2,960	281	..	..	..	179
Veterans Admin. Hospital [1-2-91]	Denver	T. P. Sears	2,315	146	6	17	3	...
Colorado State Hospital [1-2-59]	Pueblo, Colo.	G. R. Curless	2,566	167	6	12	2	415
St. Mary-Corwin Hospital [1-2]	Pueblo, Colo.	R. H. Finney	3,872	51	2	2	1	285
Bridgeport Hospital [1-2]	Bridgeport, Conn.	B. B. Hardenbergh	2,859	97	2	2	2	300
St. Vincent's Hospital [1]	Bridgeport, Conn.	V. Lynch	3,080	95	1	3	3	300
Greenwich Hospital [1-2]	Greenwich, Conn.	J. Lockwood	2,153	114	1	2	2	150
Hartford Hospital [1-2-103]	Hartford, Conn.	M. O. Phelps	4,953	288	16	24	3	125
Hartford Municipal Hospital and Health Center [1-2]	Hartford, Conn.	S. Donner	981	70	1	3	2	255
St. Francis Hospital [1-2]	Hartford, Conn.	J. J. Moher	3,897	127	2	5	3	175
New Britain General Hospital [1-2]	New Britain, Conn.	J. C. White	2,642	133	1	3	3	240
Grace-New Haven Community Hospital [1-2-108]	New Haven, Conn.	P. R. Peterson-T. S. Evans	3,897	294	8	18	3	140
Hospital of St. Raphael [1-2]	New Haven, Conn.	T. S. Evans	2,261	91	4	8	3	150
Veterans Admin. Hospital [1-2]	Newington, Conn.	P. Lipton	1,306	71	3	5	3	...
Lawrence and Memorial Hospitals [1-2]	New London, Conn.	E. Gipstein	2,878	95	3	3	1	250
St. Mary's Hospital [1-2]	Waterbury, Conn.	M. Cushak	2,887	90	2	2	2	225
Waterbury Hospital [1]	Waterbury, Conn.	O. J. Bizzozero	3,647	107	1	3	3	225
Veterans Admin. Hospital [1-2]	West Haven, Conn.	J. W. Hollingsworth	864	62	2	3	3	...
Delaware Hospital [1-2]	Wilmington, Del.	L. B. Flinn	2,234	157	2	3	3	200
Memorial Hospital [1-2]	Wilmington, Del.	L. P. Lang	2,257	130	1	3	3	225
Wilmington General Hospital [1-2]	Wilmington, Del.	J. R. Durham, Jr.	1,560	43	2	2	1	300
District of Columbia General Hospital [1-2]	Washington, D. C.	H. H. Hussey-M. J. Roman	5,297	435	20	36	3	233
Georgetown University Hospital [1-2]	Washington, D. C.	H. H. Hussey	2,809	164	8	21	3	175
George Washington University Hospital [1-2]	Washington, D. C.	T. M. Brown	4,834	189	3	8	3	150
Providence Hospital [1]	Washington, D. C.	T. F. Collins	2,022	67	2	5	3	350
Veterans Admin. Hospital [1-2-115]	Washington, D. C.	E. D. Preis	2,284	130	5	15	3	...
Washington Hospital Center [1-2]	Washington, D. C.	T. J. Abernethy	3,948	268	4	10	3	215
Veterans Admin. Hospital [1-2]	Coral Gables, Fla.	J. M. Rumbaugh	2,508	261	9	17	3	...
Duval Medical Center [1-2]	Jacksonville, Fla.	K. B. Hanson	1,753	144	3	6	3	150
Riverside Hospital	Jacksonville, Fla.	D. White	1,681	15	1	1	1	300
St. Luke's Hospital [1-2]	Jacksonville, Fla.	J. M. Borland	2,243	36	1	1	1	300
St. Vincent's Hospital [1]	Jacksonville, Fla.	L. E. Geeslin	2,760	56	2	4	1	225
Jackson Memorial Hospital [1-2]	Miami, Fla.	R. Jones, Jr.	3,343	319	10	34	3	75
Mount Sinai Hospital of Greater Miami [1-2]	Miami Beach, Fla.	D. A. Nathan	4,305	149	4	10	3	250
St. Francis Hospital [1-2]	Miami Beach, Fla.	D. G. Stanton	3,324	58	2	2	2	215
Orange Memorial Hospital [1]	Orlando, Fla.	W. D. Steward	2,585	78	1	3	1	325
Tampa General Hospital [1]	Tampa, Fla.	K. Gould	3,550	166	1	3	3	250
Crawford W. Long Memorial Hospital [1-2]	Atlanta, Ga.	L. H. Bishop, Jr.	3,570	57	4	7	3	285
Georgia Baptist Hospital [1]	Atlanta, Ga.	M. Johnson	4,062	118	3	6	3	265
Grady Memorial Hospital [1]	Atlanta, Ga.	J. W. Hurst	2,613	304	10	19	3	100
Piedmont Hospital [1-2]	Atlanta, Ga.	C. Smith	1,587	29	1	3	3	200
St. Joseph's Infirmary [1-2]	Atlanta, Ga.	T. F. Blalock	3,289	30	1	3	3	270
Veterans Admin. Hospital [1-2]	Atlanta, Ga.	J. C. Crutcher	1,722	139	7	15	3	...
Medical College of Georgia Hospitals							3	...
Eugene Talmadge Memorial Hospital [1-2]	Augusta, Ga.	T. Findley	891	58	6	19	..	250
University Hospital [1]	Augusta, Ga.	J. D. Gray	1,953	79	1	3	..	200
Veterans Admin. Hospital [1-2]	Augusta, Ga.	J. G. Bohorfoush	1,321	53	..	1	..	...
Emory University Hospital [1-2]	Emory University, Ga.	R. B. Logue	3,360	87	6	14	3	225
Memorial Hospital of Chatham County [1-2]	Savannah, Ga.	F. T. Nichols, Jr.	1,265	81	1	3	1	350
Augustana Hospital [1-2]	Chicago	C. A. Hedberg	4,478	118	3	3	1	150
Columbus Hospital [1-2]	Chicago	A. Fox		111	2	6	2	100
Cook County Hospital	Chicago	E. F. Foley	15,288	650	11	40	3	140
Grant Hospital [1-2]	Chicago	A. Vander Kloot	3,425	116	1	2	2	225
Illinois Central Hospital [1-2]	Chicago	W. J. Hand	3,468	88	3	3	2	222
Illinois Masonic Hospital [1-2]	Chicago	L. L. Braun	1,590	56	3	5	2	115
Mercy Hospital [1-2]	Chicago	G. F. O'Brien	2,047	57	4	9	3	200
Michael Reese Hospital [1-2]	Chicago	E. Levine	3,502	183	5	15	3	125
Mount Sinai Hospital [1-2-5]	Chicago	H. Zimmerman	3,238	186	4	13	3	225
Northwestern University Medical Center [2]								
Chicago Wesley Memorial Hospital [1-2]	Chicago	P. S. Rhoads	4,894	155	4	8	3	125
Passavant Memorial Hospital [1-2]	Chicago	H. Alt	2,678	63	1	4	3	125
Veterans Admin. Research Hospital [1-2-132]	Chicago	C. Borden	1,104	35	12	26	3	...
Evanston Hospital [1-2]	Evanston, Ill.	L. F. Jourdonais	3,674	164	2	6	3	225
Norwegian American Hospital	Chicago	M. P. Gethner	1,684	44	2	2	1	300
Presbyterian-St. Luke's Hospital								
Presbyterian Hospital Division [1-2]	Chicago	J. A. Campbell	4,190	149	6	18	3	125
St. Luke's Hospital Division [1-2]	Chicago	T. J. Coogan	3,783	135	4	12	3	125
Provident Hospital [1-2]	Chicago	A. F. Connor	1,165	38	1	2	1	300
St. Joseph Hospital [1-2]	Chicago	D. I. Kessler	1,758	69	2	2	1	300
St. Mary of Nazareth Hospital [1-2]	Chicago	S. A. Motto	2,417	98	2	2	1	300

Numerical and other references will be found on pages 640 through 642.

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Length of Approved Program (Years)	Beginning Stipend (Months)
University of Chicago Clinics [1-2]	Chicago	W. Adams	4,874	197	8	21	3	200
University of Illinois Research and Educational Hospitals [1-2]	Chicago	H. F. Dowling	1,165	115	5	14	3	140
Veterans Admin. West Side Hospital [1-2-133]	Chicago	R. D. Eckhardt	1,584	102	5	12	3	...
St. Francis Hospital [1]	Evanston, Ill.	J. T. Paul	2,949	171	2	5	3	210
Veterans Admin. Hospital [1-2-137]	Hines, Ill.	L. A. Baker	3,250	147	10	45	3	...
St. Francis Hospital	Peoria, Ill.	R. B. Rutherford	4,940	137	1	3	3	135
Clinic Hospital [1-2]	Bluffton, Ind.	A. A. C. Nickel	4,336	45	1	3	3	300
Indianapolis General Hospital [1-2]	Indianapolis	P. J. Fouts	2,300	190	4	12	3	205
Indiana University Medical Center [1]	Indianapolis	O. Irwin	2,984	198	3	9	3	165
Methodist Hospital [1]	Indianapolis	H. Van Vactor	4,139	133	2	6	3	270
St. Vincent's Hospital [1-2]	Indianapolis	J. O. Ritchey	900	25	1	3	3	275
Veterans Admin. Hospital [1-2]	Indianapolis	R. H. Behnke	2,535	128	4	5	3	...
St. Elizabeth Hospital [1-2]	Lafayette, Ind.	R. C. Bolin B. Z. Klatch	1,971	18	2	2	1	225
Iowa Methodist Hospital [1-2]	Des Moines, Iowa	A. L. Jenks, Jr.	2,949	214	1	3	3	300
Veterans Admin. Hospital [1-2]	Des Moines, Iowa	J. C. Parsons	2,300	98	4	12	3	...
State University of Iowa Hospitals [1-2]	Iowa City	W. B. Bean	3,400	168	8	23	3	175
Veterans Admin. Hospital [1-2-35]	Iowa City	W. M. Kirsendall	1,760	104	6	14	3	...
University of Kansas Medical Center [1-2]	Kansas City, Kan.	E. G. Dimond	2,280	101	9	27	3	195
Veterans Admin. Hospital [1-2]	Kansas City, Mo.	C. E. Andrews	2,095	169	..	..	1	...
Veterans Admin. Hospital [1-2]	Topeka, Kan.	R. H. Chess	1,558	55	2	2	1	...
St. Francis Hospital [1-2]	Wichita, Kan.	C. T. Hagmn	5,455	75	2	2	1	225
Wesley Hospital [1-2]	Wichita, Kan.	E. Crow	1,750	35	1	1	1	310
Harlan Memorial Hospital [1]	Harlan, Ky.	J. H. Willard	1,565	16	1	12	3	400
Good Samaritan Hospital [1-2]	Lexington, Ky.	J. Scott	2,543	56	1	1	3	225
St. Joseph Hospital [1]	Lexington, Ky.	J. W. Scott	2,961	41	1	3	1	250
Louisville General Hospital [1-2]	Louisville, Ky.	R. T. Towery	2,018	145	8	16	3	131
St. Joseph Infirmary [1-2]	Louisville, Ky.	F. Olash	4,726	77	1	3	1	210
Veterans Admin. Hospital [1-2-115]	Louisville, Ky.	J. R. Gott, Jr.	1,255	123	1	5	3	...
Charity Hospital of Louisiana Independent Unit [1]	New Orleans	J. O. Weilbaecher, Jr.	1,471	114	3	9	3	100
Louisiana State University Unit [1]	New Orleans	W. R. Akenhead	3,155	258	6	18	3	100
Tulane University Unit [1]	New Orleans	G. E. Burch	3,720	243	6	18	3	100
Ochsner Foundation Hospital [1-2]	New Orleans	W. R. Arrowsmith	3,320	71	3	9	3	225
Southern Baptist Hospital [1]	New Orleans	J. W. Wells	4,518	88	1	3	1	225
Touro Infirmary [1]	New Orleans	A. Prieto	3,537	133	2	6	3	125
Veterans Admin. Hospital [1-2]	New Orleans	H. A. Buechner	2,414	183	6	16	3	...
Confederate Memorial Medical Center [1]	Shreveport, La.	M. D. Hargrove	5,870	148	3	6	3	175
Central Maine General Hospital [1]	Lewiston, Maine	M. A. Chasin	1,700	97	1	1	1	225
Maine Medical Center [1]	Portland, Maine	R. S. Hawkes	3,233	91	2	6	3	125
Baltimore City Hospitals [1-2]	Baltimore	G. S. Mirick	1,923	173	4	9	3	75
Church Home and Hospital [1-2]	Baltimore	Z. R. Morgan	1,235	61	2	5	3	200
Franklin Square Hospital [1-2]	Baltimore	L. M. Serra	1,617	92	4	5	2	225
Johns Hopkins Hospital [1-2]	Baltimore	A. M. Harvey	4,002	322	10	30	3	160
Lutheran Hospital [1-2]	Baltimore	L. A. M. Krause	1,995	60	4	8	3	200
Maryland General Hospital [1-2-121]	Baltimore	F. F. Cotter	1,579	85	3	6	3	225
Mercy Hospital [1-2]	Baltimore	H. R. Peters	1,951	102	2	5	3	275
St. Joseph's Hospital [1]	Baltimore	S. Morrison	1,539	68	2	2	1	225
Sinai Hospital [1-2]	Baltimore	A. I. Mendeloff	1,785	74	5	9	3	110
South Baltimore General Hospital [1-2]	Baltimore	..	2,319	52	2	3	1	150
Union Memorial Hospital [1-2]	Baltimore	J. E. Howard	2,256	110	4	..	3	275
University Hospital [1]	Baltimore	T. E. Woodward	3,079	230	13	24	3	75
Prince George's General Hospital [1-2]	Cheverly, Md.	W. B. Moyers	1,721	75	2	6	3	200
Veterans Admin. Hospital [1-2]	Fort Howard, Md.	I. Freeman	1,648	106	2	6	3	...
Veterans Admin. Hospital [1-2-161]	Perry Point, Md.	S. Goldreaben	1,026	17	1	2	3	...
Beth Israel Hospital [1-2]	Boston	B. L. Blumgart	3,146	139	..	14	3	167
Boston City Hospital [1-2]	Boston	..	..	..	24	52	3	...
I and III Medical Service		F. Biguria	3,179	218	..	..	..	132
II and IV Medical Service		W. B. Castle	3,398	286	..	..	..	132
V and VI Medical Service		K. H. Katz	2,970	173	..	..	..	132
Carney Hospital [1-2-125]	Boston	F. T. Culpepper	3,151	97	4	9	3	175
Faulkner Hospital [1-2]	Boston	J. R. Graham	1,150	47	2	4	1	150
Lahey Clinic [1-2]	Boston	L. M. Hurxthal-F. N. Allan	5,385	28	10	30	3	200
Lemuel Shattuck Hospital [1-2-170]	Boston	T. C. Chalmers	853	103	8	14	3	302
Massachusetts General Hospital [1-2]	Boston	W. Bauer	6,900	..	7	20	3	67
Massachusetts Memorial Hospitals [1-2]	Boston	C. S. Keefer	1,263	80	5	21	3	175
New England Center Hospital [1-2]	Boston	S. Proger	5,514	43	5	41	3	100
New England Deaconess Hospital [1-2]	Boston	H. F. Root—C. C. Palley	4,744	160	11	13	2	200
Peter Bent Brigham Hospital [1-2]	Boston	G. W. Thorn	3,035	241	6	20	3	88
Veterans Admin. Hospital [1-2]	West Roxbury, Mass.	T. A. Warthin	1,053	62	4	9	..	...
St. Elizabeth's Hospital [1-2-150]	Boston	J. Rattigan	2,698	87	2	6	3	125
Veterans Admin. Hospital [1-2]	Boston (Jamaica Plain)	M. B. Strauss	6,012	278	14	30	3	...
Cambridge City Hospital [1-2]	Cambridge, Mass.	E. E. Hinton	1,361	62	2	4	2	160
Mount Auburn Hospital [1-2]	Cambridge, Mass.	D. Hurwitz	1,846	69	1	3	2	135
Lawrence F. Quigley Memorial Hospital [1-2-187]	Chelsea, Mass.	W. R. Ohler	851	40	..	2	3	255
Malden Hospital [1-2]	Malden, Mass.	E. C. Thorp	2,012	50	2	3	3	200
Newton-Wellesley Hospital [1-2]	Newton Lower Falls, Mass.	A. W. Locke	2,059	109	1	3	3	200
Quincy Hospital [1-2]	Quincy, Mass.	J. C. Rudno	1,175	61	1	2	1	170
Salem Hospital [1-2]	Salem, Mass.	S. N. Gardner	1,483	35	1	1	1	200
Pondville Hospital	Walpole, Mass.	D. Merrill	....	....	..	1	1	527
Memorial Hospital [1-2]	Worcester, Mass.	R. W. Robinson	2,749	94	1	4	3	200
St. Vincent Hospital	Worcester, Mass.	T. Resnan	3,041	107	4	7	3	175
Worcester City Hospital [1-2]	Worcester, Mass.	J. Lundy	2,530	155	2	5	3	215
St. Joseph Mercy Hospital [1]	Ann Arbor, Mich.	M. Marshall	4,073	96	4	7	3	310
University Hospital [1-2-191]	Ann Arbor, Mich.	P. S. Barker	4,550	162	20	60	3	160
Veterans Admin. Hospital [1-2-102]	Dearborn, Mich.	M. R. Weed	1,983	156	5	15	3	...
Alexander Blain Hospital [1-2]	Detroit	J. W. Kingsley, Jr.	1,121	22	1	2	2	225
Detroit Memorial Hospital [1-2-192]	Detroit	J. L. Cahalan	3,501	93	2	4	3	225
Evangelical Deaconess Hospital [1-2]	Detroit	L. D. Stern	1,800	83	2	2	1	207
Grace Hospital [1-2]	Detroit	D. W. Myers	5,087	163	3	9	3	275
Harper Hospital [1-2]	Detroit	R. J. Schneck	2,705	105	4	12	3	275

Numerical and other references will be found on pages 040 through 042.

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
Henry Ford Hospital [1-2]	Detroit	J. G. Mateer	9,730	414	28	78	3	250
Jennings Memorial Hospital [1-3]	Detroit	D. Donald	370	....	1	2	1	350
Mount Carmel Mercy Hospital [1-3]	Detroit	E. J. Tallant	4,795	170	4	12	3	275
Providence Hospital [1-3]	Detroit	L. J. Bailey	3,438	148	1	3	3	275
Receiving Hospital [1-2]	Detroit	M. Clapper	1,676	430	10	22	3	300
St. John Hospital [1-3]	Detroit	J. Murphy	1,888	36	1	3	3	325
St. Joseph Mercy Hospital [1]	Detroit	F. L. Strickroot	697	22	1	3	3	310
Sinai Hospital [1-3]	Detroit	J. E. Berk	2,586	66	3	9	3	275
Woman's Hospital [1]	Detroit	B. I. Johnstone	2,240	79	2	6	1	175
Wayne County General Hospital and Infirmary [1-2]	Eloise, Mich.	S. D. Jacobson	3,706	348	5	17	3	300
Hurley Hospital [1-3]	Flint, Mich.	G. E. Dreuyer	6,088	163	2	6	3	325
McLaren General Hospital [1]	Flint, Mich.	H. V. Sparks	2,929	63	2	6	3	350
Blodgett Memorial Hospital [1-2]	Grand Rapids, Mich.	A. K. Hamp	2,275	126	1	3	3	300
Butterworth Hospital [1-2]	Grand Rapids, Mich.	W. Carce	2,545	160	2	6	3	300
St. Mary's Hospital [1-2]	Grand Rapids, Mich.	R. H. Murray	2,200	104	2	2	1	275
Bon Secours Hospital [1]	Grosse Pointe, Mich.	R. Griffin	1,523	47	1	3	2	415
Highland Park General Hospital [1-2]	Highland Park, Mich.	L. Jaffe	1,185	98	1	3	3	308
Bronson Methodist Hospital [1]	Kalamazoo, Mich.	W. D. Harrelson	2,954	92	1	3	3	300
Edward W. Sparrow Hospital	Lansing, Mich.	F. C. Swartz	2,103	107	1	3	1	250
St. Lawrence Hospital [1-3-283]	Lansing, Mich.	J. F. Corden	3,037	125	3	9	3	350
Pontiac General Hospital [1-3]	Pontiac, Mich.	R. T. Lyons	3,835	88	2	5	3	325
St. Joseph Mercy Hospital [1-3]	Pontiac, Mich.	S. Miller	3,318	40	1	3	3	325
William Beaumont Hospital [1-3]	Royal Oak, Mich.	E. C. Rupp	2,264	72	2	4	3	300
Saginaw General Hospital [1-2]	Saginaw, Mich.	D. M. Bullington	1,843	68	1	3	3	265
Asbury Methodist Hospital [1-3]	Minneapolis	D. R. Hastings	2,453	64	1	1	1	300
Minneapolis General Hospital	Minneapolis	T. Lowry	1,814	154	4	10	3	220
Mount Sinai Hospital [1-2]	Minneapolis	W. Jacobson	1,980	80	1	2	3	300
Northwestern Hospital [1-3]	Minneapolis	M. L. Hanson	3,007	68	1	3	3	250
St. Barnabas Hospital [1-3]	Minneapolis	J. W. Johnson	3,295	95	2	2	1	225
University of Minnesota Affiliated Hospitals			....	....	....	....	3	....
University Hospital [1-3]	Minneapolis	C. J. Watson	2,131	211	5	16	..	233
Veterans Admin. Hospital [1-3-218]	Minneapolis	E. B. Flink	3,754	266	16	36	..	....
Anchor Hospital [1-3]	St. Paul	D. Gilkeeple	1,498	161	2	6	..	220
Mayo Foundation	Rochester, Minn.	R. D. Pruitt	24,042	253	60	187	3	175
Charles T. Miller Hospital [1-3]	St. Paul	B. J. Mears	3,610	80	1	3	3	250
University Hospital [1-3]	Jackson, Miss.	J. R. Snavely	2,294	117	4	8	3	250
St. Louis County Hospital [1-3]	Clayton, Mo.	R. O. Muether	1,437	133	2	6	3	225
University of Missouri Medical Center [1-3]	Columbia, Mo.	C. T. Ray	606	25	3	7	3	300
Kansas City General Hospital No. 1 [1-2]	Kansas City, Mo.	T. R. Jones	2,317	189	4	12	3	300
Menorah Medical Center [1-3]	Kansas City, Mo.	H. Statland	4,116	75	3	7	3	300
St. Joseph Hospital [1-3]	Kansas City, Mo.	D. J. Cutcliff—A. Decker	2,607	75	1	3	3	250
St. Luke's Hospital [1-3]	Kansas City, Mo.	J. A. Jarvis	3,351	148	2	4	3	310
Barnes Hospital [1-3]	St. Louis	C. V. Moore	5,972	267	16	27	3	50
De Paul Hospital [1-3]	St. Louis	R. Potasbnick	5,102	168	3	7	3	300
Homer G. Phillips Hospital [1-3]	St. Louis	J. R. Smith	3,306	279	9	28	3	301
Jewish Hospital [1-3]	St. Louis	A. Eisenstein	4,357	173	7	12	3	150
Missouri Baptist Hospital [1-3]	St. Louis	W. M. Lonergan	3,150	78	2	5	3	175
Missouri Pacific Hospital [1]	St. Louis	L. R. Harrison	4,717	112	6	9	3	300
St. John's Hospital [1-3]	St. Louis	A. McMahon	2,132	94	4	8	3	300
St. Louis City Hospital [1-3-229]	St. Louis	B. Bercu— R. Kinsella, Jr.	3,410	287	12	25	3	234
St. Luke's Hospital [1-3]	St. Louis	P. O. Hagemann	2,236	98	3	5	3	250
St. Mary's Group of Hospitals [1-3]	St. Louis	G. O. Broun	3,307	195	6	15	3	300
Veterans Admin. Hospital	St. Louis	....	....	....	....	....	3	....
St. Louis University Unit [1-3]		H. E. Mark	912	75	2	6	..	....
Washington University Unit [1-3]		R. J. Bing	780	65	2	6	..	....
Montana Deaconess Hospital [1-3]	Great Falls, Mont.	J. S. Gilson	1,940	63	2	2	1	275
Veterans Admin. Hospital [1-3]	Lincoln, Neb.	J. R. Gordon	1,111	46	1	3	3	....
Creighton Memorial-St. Joseph's Hospital	Omaha	J. R. Walsh	5,082	92	4	12	3	210
University of Nebraska Hospital [1-2]	Omaha	R. L. Grissom	532	41	2	6	3	200
Veterans Admin. Hospital [1-3-229]	Omaha	J. M. Holthaus	1,450	91	4	12	3	....
Dartmouth Medical School *Affiliated Hospitals			3,979	177	6	18	3	....
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.	J. Milne	....	....	....	....	..	218
Veterans Admin. Hospital [1-3]	White River Jct., Vt.	J. L. Grant	....	....	....	....	..	....
Atlantic City Hospital [1]	Atlantic City, N. J.	W. B. Stewart	2,418	173	1	3	3	300
Cooper Hospital [1-3]	Camden, N. J.	E. N. Murray	3,758	181	2	4	3	300
Veterans Admin. Hospital [1-3-225]	East Orange, N. J.	H. A. Weiner	1,438	174	1	6	3	....
Hackensack Hospital [1-3]	Hackensack, N. J.	L. W. Black	2,368	98	2	3	3	150
Jersey City Medical Center	Jersey City, N. J.	T. J. White	7,408	263	10	27	3	108
Mountainside Hospital [1-3]	Montclair, N. J.	M. Block	2,431	147	1	3	3	250
Burlington County Hospital [1-3]	Mount Holly, N. J.	L. E. Viteri	1,479	84	..	4	2	100
Pitkin Memorial Hospital [1-3]	Neptune, N. J.	L. F. Albright	2,312	47	..	2	1	200
Harrison S. Martland Medical Center [1-3]	Newark, N. J.	J. Levin	3,210	150	6	12	3	102
Newark Beth Israel Hospital [1-3]	Newark, N. J.	H. Goldberg	2,523	111	2	4	3	100
St. Michael's Hospital [1-3-210]	Newark, N. J.	N. A. Antonius	2,518	117	3	8	3	165
St. Peter's General Hospital [1-3]	New Brunswick, N. J.	J. Sandella	1,906	79	1	3	1	175
Bergen Pines County Hospital [1-3]	Paramus, N. J.	S. P. Alexander	1,817	220	6	6	1	200
Mercer Hospital [1-3]	Trenton, N. J.	J. P. Pessin	1,917	92	1	1	1	150
Bataan Memorial Methodist Hospital [1-3]	Albuquerque, N. Mex.	R. Streeper	1,732	53	3	9	3	250
Bernalillo County-Indian Hospital	Albuquerque, N. Mex.	T. B. Gibbons	922	79	1	3	3	350
Veterans Admin. Hospital [1-3]	Albuquerque, N. Mex.	W. S. Taylor	1,961	75	5	10	3	....
Albany Hospital [1-3-213]	Albany, N. Y.	R. T. Beebe	3,414	231	8	20	3	160
Veterans Admin. Hospital [1-3-215]	Albany, N. Y.	J. H. Cullen	2,066	184	5	10	3	....
Binghamton City Hospital [1-3]	Binghamton, N. Y.	M. H. Paushter	3,491	92	2	5	3	225
Beth El Hospital [1-3]	Brooklyn, N. Y.	I. Snapper	2,005	48	5	8	3	150
Brooklyn Hospital [1-3-45]	Brooklyn, N. Y.	G. E. Anderson	2,457	95	4	8	3	175
Jewish Chronic Disease Hospital [1-3]	Brooklyn, N. Y.	M. G. Goldner	1,612	45	14	25	3	175
Jewish Hospital [1-2]	Brooklyn, N. Y.	J. D. Goldstein	2,196	75	6	11	3	100
Kings County Hospital [1-3]								
Division I	Brooklyn, N. Y.	A. Fankhauser	6,029	202	6	19	3	105
Division II	Brooklyn, N. Y.	P. H. Long	5,568	206	5	18	3	105
Long Island College Hospital [1-3]	Brooklyn, N. Y.	J. H. Crawford	2,868	75	3	5	3	135

Numerical and other references will be found on pages 840 through 842.

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered*	Total Residencies Offered*	Length of Approved Program (Years)	Beginning Stipend (Month)
Lutheran Medical Center [1-2]	Brooklyn, N. Y.	W. F. Rezer	923	45	1	3	3	135
Maimonides Hospital [1-2]	Brooklyn, N. Y.	M. Michael, Jr.	3,256	121	8	15	3	75
Methodist Hospital [1-2]	Brooklyn, N. Y.	H. D. Fearon	2,126	60	2	5	3	175
St. Catherine's Hospital [1-2]	Brooklyn, N. Y.	M. A. Murphy	1,102	40	1	3	3	125
St. John's Episcopal Hospital [1-2]	Brooklyn, N. Y.	E. R. Marcullo	1,041	31	3	5	3	175
St. Mary's Hospital [1-2]	Brooklyn, N. Y.	V. Annunziata	767	25	1	2	1	200
Veterans Admin. Hospital [1-2-203]	Brooklyn, N. Y.	P. W. Spear	2,779	192	18	35	3	...
Buffalo General Hospital [1-2]	Buffalo	J. H. Talbott	4,958	217	4	9	3	175
Deaconess Hospital [1-2]	Buffalo	W. T. Zimdahl	2,490	88	1	3	1	200
Edward J. Meyer Memorial Hospital [1-2]	Buffalo	D. K. Miller	4,200	223	6	21	3	247
Millard Fillmore Hospital [1-2]	Buffalo	J. F. Painton	2,634	151	3	8	3	225
Roswell Park Memorial Institute [1-2]	Buffalo	J. E. Sokal	623	97	...	10	1	210
Veterans Admin. Hospital [1-2-205]	Buffalo	O. W. Bissell	2,044	174	6	12	3	...
Clifton Springs Sanitarium and Clinic [1-2]	Clifton Springs, N. Y.	B. A. Watson	1,401	21	1	3	3	150
Mary Imogene Bassett Hospital [1-2]	Cooperstown, N. Y.	E. D. Thomas	1,102	37	3	6	3	150
Flushing Hospital and Dispensary [1-2-202]	Flushing, N. Y.	C. Cramer	1,782	63	1	3	3	175
Meadowbrook Hospital [1-2]	Hempstead, N. Y.	A. W. Freireich	2,249	84	4	12	3	225
Cornell University Infirmary and Clinic [1-2]	Ithaca, N. Y.	N. S. Moore	1,567	...	4	4	1	200
Tompkins County Memorial Hospital	Ithaca, N. Y.		...	...	...	...	...	...
Jamaica Hospital [1-2]	Jamaica, N. Y.	D. Porte	9,435	...	1	1	1	200
Queens Hospital Center [1-2]	Jamaica, N. Y.	A. A. Fiechi	5,180	201	6	12	3	205
Charles S. Wilson Memorial Hospital [1-2]	Johnson City, N. Y.	V. Occhino	4,556	105	2	6	2	225
North Shore Hospital [1-2]	Manhasset, N. Y.	W. J. Messinger	1,130	44	2	4	2	200
Mount Vernon Hospital [1-2]	Mount Vernon, N. Y.	H. Belsky	2,168	104	1	2	2	200
Long Island Jewish Hospital [1-2]	New Hyde Park, N. Y.	S. Mellman	1,929	107	2	4	3	75
New Rochelle Hospital [1-2]	New Rochelle, N. Y.	W. C. Meredith	3,222	92	1	3	3	225
Beekman-Downtown Hospital	New York City	M. McCall	2,466	50	5	5	1	190
Bellevue Hospital Center								
Div. I—Columbia University [1-2-21]	New York City	D. W. Richards	1,799	86	7	13	3	165
Div. II—Cornell University [1-2-21]	New York City	T. P. Almy	1,388	64	9	12	3	165
Div. III—New York University College of Medicine	New York City	L. Thomas	3,092	107	6	16	3	157
Div. IV—New York University Post-Graduate Medical School [21]	New York City	C. F. Wilkinson, Jr.	1,577	73	10	24	3	165
Beth Israel Hospital [1-2]	New York City	A. M. Fishborg	1,878	66	4	8	3	155
Bronx Hospital [1-2]	New York City	E. E. Fischel	2,429	46	4	9	3	160
Bronx Municipal Hospital Center [1-2]	New York City	I. M. London	2,290	257	12	24	3	125
Columbus Hospital [1-2]	New York City	A. Siraguna	2,629	49	1	3	3	125
42nd Street Beth David Hospital [1-2]	New York City	H. A. Solomon	127	5	1	2	1	...
Francis Delafield Hospital [1-2]	New York City	R. F. Loeb	568	80	3	6	3	165
French Hospital [1-2]	New York City	H. J. McNelis	1,324	23	1	4	3	75
Goldwater Memorial Hospital Columbia University and Research Division [1-2]	New York City	Y. Kneeland, Jr.— D. Seegal	200	21	4	4	1	165
Third New York University Medical Research Service [1-2]	New York City	M. B. Rosenbluth— J. M. Steele	624	54	6	16	1	165
Harlem Hospital [1-2]	New York City	S. S. Paley	8,611	86	3	11	3	165
Hospital for Joint Diseases [1-2]	New York City	M. L. Kramer	782	27	1	2	2	80
Knickerbocker Hospital [1-2]	New York City	M. S. Bruno	2,225	68	3	6	3	150
Lenox Hill Hospital [1-2]	New York City	E. Lawrence— C. E. de la Chapelle	2,171	60	3	9	3	180
Lincoln Hospital [1-2]	New York City	C. R. Messeloff	2,511	64	6	13	3	165
Memorial Center for Cancer and Allied Diseases [1-2]	New York City	R. W. Rawson	1,468	189	8	21	3	150
James Ewing Hospital			...	...	...	...	...	...
Memorial Hospital [1-2]			...	...	...	...	...	...
Misericordia Hospital [1-2]	New York City	L. V. Rooney	901	20	1	1	1	125
Montefiore Hospital [1-2]	New York City	L. Leiter	4,072	163	20	33	3	167
Morrisania City Hospital [1-2]	New York City	S. Silkon	3,267	150	8	12	2	165
Mount Sinai Hospital [1-2]	New York City	A. B. Gutman	5,913	200	14	32	3	75
New York Hospital [1-2]	New York City	E. H. Lockey	3,458	244	8	27	3	164
New York Infirmary [1-2]	New York City	A. P. McCombs	728	13	1	2	1	150
New York Medical College—Metropolitan Medical Center		L. J. Boyd	...	...	...	...	...	...
Bird S. Coler Memorial Hospital and Home [1-2]	New York City		2,679	98	31	57	1	165
Flower and Fifth Avenue Hospitals [1-2]	New York City		1,490	36	1	5	3	150
Metropolitan Hospital [1-2]	New York City		4,469	155	6	17	3	165
New York Polyclinic Medical School and Hospital [1]	New York City	J. P. Crowe	1,782	30	1	3	3	125
New York University-Bellevue Medical Center								
University Hospital	New York City	C. F. Wilkinson, Jr.	2,151	48	...	1	1	220
Presbyterian Hospital [1]	New York City	R. F. Loeb	7,490	146	12	21	3	250
Roosevelt Hospital [1]	New York City	A. J. Antenucci— J. M. Preston	2,700	98	8	20	3	133
St. Barnabas Hospital for Chronic Diseases [1-2]	New York City	A. J. Patek, Jr.	1,051	42	2	4	2	75
St. Francis Hospital [1-2]	New York City	A. F. Marra	1,873	41	2	4	3	125
St. Luke's Hospital [1-2]	New York City	T. B. Van Itallie	3,014	141	6	16	3	160
St. Vincent's Hospital [1-2]	New York City	W. J. Grace	3,941	207	8	13	3	125
Sydenham Hospital [1]	New York City	E. Appelbaum	779	17	2	3	1	104
Veterans Admin. Hospital (Bronx) [1-2-203]	New York City	J. Wolf	5,389	207	14	40	3	...
Veterans Admin. Hospital (Manhattan) [1-2]	New York City	J. J. Smith	3,357	210	24	38	3	...
Genesee Hospital [1-2]	Rochester, N. Y.	H. Segal	1,831	121	2	5	3	175
Highland Hospital [1-2]	Rochester, N. Y.	J. W. Holler	1,307	97	2	4	2	175
Rochester General Hospital [1-2]	Rochester, N. Y.	L. Horn	2,297	141	3	9	3	125
St. Mary's Hospital [1-2]	Rochester, N. Y.	J. W. Quinlan	2,050	142	1	3	3	220
Strong Memorial-Rochester Municipal Hospital [1-2]	Rochester, N. Y.	L. E. Young	4,745	202	12	26	3	117
Ellis Hospital [1-2]	Schenectady, N. Y.	H. E. Reynolds	5,291	116	3	7	3	150
State University of New York Upstate Medical Center [1-2]	Syracuse, N. Y.	R. H. Lyons	6,825	250	12	26	3	220
Veterans Admin. Hospital [1-2]	Syracuse, N. Y.	B. V. Jager	2,087	107	..	..	..	...

Numerical and other references will be found on pages 040 through 042.

195
V. 1

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered*	Total Residencies Offered*	Length of Approved Program (Years)	Beginning Stipend ($/Month)
Grasslands Hospital [1-2]	Valhalla, N. Y.	W. P. Reed	1,161	113	2	5	3	175
White Plains Hospital [1-2]	White Plains, N. Y.	D. Fertig	1,354	57	1	3	3	175
North Carolina Memorial Hospital [1-2]	Chapel Hill, N. C.	C. B. Burnett	1,439	54	7	15	3	175
Charlotte Memorial Hospital [1]	Charlotte, N. C.	J. M. Alexander	2,394	81	1	3	3	250
Duke University Affiliated Hospitals							3	
Duke Hospital [1-2]	Durham, N. C.	E. A. Stead, Jr.	2,702	103	14	36		102
Veterans Admin. Hospital [1-2]	Durham, N. C.	W. P. Deiss	2,142	104	7	13		
Watts Hospital [1-2]	Durham, N. C.	I. H. Manning, Jr.	3,641	48	2	5	3	300
City Memorial Hospital [1-2]	Winston-Salem, N. C.	C. H. Reid	5,486	78	1	3	3	300
North Carolina Baptist Hospital [1-2-301]	Winston-Salem, N. C.	E. H. Yount, Jr.	4,569	84	5	11	3	168
Bismark Hospital [2]	Bismarck, N. Dak.	C. H. Peters	1,850	41	2	2	3	300
St. Luke's Hospital [2]	Fargo, N. Dak.	A. C. Fortney	1,815	61	2	2	1	300
Akron City Hospital [1-2]	Akron, Ohio	T. L. Bliss	4,482	211	2	6	3	250
Akron General Hospital [1]	Akron, Ohio	H. Kraus	2,238	89	3	9	3	250
St. Thomas Hospital [1-2]	Akron, Ohio	M. G. Winer	2,620	115	2	5	2	250
Aultman Hospital [1-2]	Canton, Ohio	H. J. Ickes	3,452	118	3	6	3	275
Mercy Hospital [1-2]	Canton, Ohio	M. F. Moots	3,271	65	2	5	3	300
Christ Hospital [1]	Cincinnati	W. O. Raney	1,361	84	2	6	1	300
University of Cincinnati College of Medicine Hospital Group							3	
Cincinnati General Hospital [1-2]	Cincinnati	R. W. Vilter	2,359	246	12	30		166
Veterans Admin. Hospital [1-2]	Cincinnati	N. Fowler	1,300	126				
Good Samaritan Hospital [1-2]	Cincinnati	L. B. Owens	3,457	131	2	6	3	250
Jewish Hospital [1-2]	Cincinnati	M. Schiro	2,657	124	6	11	3	195
St. Mary's Hospital [1-2]	Cincinnati	R. S. Green	2,272	63	2	4	3	250
Cleveland Clinic Hospital [1-2]	Cleveland	A. C. Ernstene	1,219	27	19	46	3	175
Cuyahoga County Hospital [1-2]	Cleveland	C. H. Rammelkamp	1,691	165	4	20	3	162
Fairview Park Hospital [1-2]	Cleveland	H. E. Feinstman	2,799	102	2	4	3	300
Highland View Cuyahoga County Hospital [1-2]	Cleveland	D. R. Weir	970	90	5	9	1	180
Huron Road Hospital [1-2]	Cleveland	E. A. Marshall	2,317	115	2	6	3	210
Lutheran Hospital [1-2]	Cleveland	M. August	1,492	94	2	4	1	250
Mount Sinai Hospital [1-2]	Cleveland	M. L. Siegel	3,045	180	6	10	3	215
St. John's Hospital [1-2]	Cleveland	W. M. Novince	2,067	49	2	3	2	225
St. Luke's Hospital [1-2]	Cleveland	A. D. Nichol	3,804	148	3	8	3	140
St. Vincent Charity Hospital [1-2]	Cleveland	F. R. Hanrahan	4,039	138	4	8	3	210
University Hospitals [1-2]	Cleveland	R. H. Ebert	3,990	275	12	30	3	130
Veterans Admin. Hospital [1-2-23-316-318]	Cleveland	N. P. Shumway	2,804	190	6	18	3	...
Mount Carmel Hospital [1-2]	Columbus, Ohio	P. T. Knies	1,537	68	4	7	3	275
Ohio State University Hospitals								
University Hospital [1-2]	Columbus, Ohio	B. K. Wiseman	3,666	229	6	15	3	177
White Cross Hospital [1-2]	Columbus, Ohio	D. J. Vincent	2,356	77	1	3	3	290
Good Samaritan Hospital [1-2]	Dayton, Ohio	J. P. Kuperman	4,134	77	1	1	1	270
Miami Valley Hospital	Dayton, Ohio	A. J. Gabriele	5,886	194	2	6	3	250
Veterans Admin. Hospital [1-2]	Dayton, Ohio	S. Simonian	1,414	190	10	24	3	...
Marymount Hospital [1-2]	Garfield Heights, Ohio	F. J. Hruby	2,261	29	2	2	1	300
Mercy Hospital [1-2]	Hamilton, Ohio	C. A. Schuck	2,724	97	3	9	1	300
Lakewood Hospital [1-2]	Lakewood, Ohio	J. T. Ledman	2,656	90	3	7	3	300
Lima Memorial Hospital [1-2]	Lima, Ohio	L. N. Irvin	3,210	59	1	3	1	275
St. Rita's Hospital [1-2]	Lima, Ohio	F. G. Maurer	2,782	40	1	3	3	400
Maumee Valley Hospital [1-2]	Toledo, Ohio	M. E. Green	1,255	66	2	5	3	285
Mercy Hospital [1-2]	Toledo, Ohio	G. W. Bascom	513	23	1	3	1	275
St. Vincent's Hospital [1-2]	Toledo, Ohio	M. A. Schnither	4,750	121	1	3	3	225
Toledo Hospital [1-2]	Toledo, Ohio	J. L. Kobacker	3,800	111	1	3	3	275
Trumbull Memorial Hospital [1]	Warren, Ohio	J. R. McKay	3,071	66	1	3	3	300
St. Elizabeth Hospital [1-2]	Youngstown, Ohio	P. J. Mahar	6,519	98	2	5	2	300
Youngstown Hospital [1-2]	Youngstown, Ohio	J. Noll	2,682	95	3	6	3	225
St. Anthony Hospital	Oklahoma City	P. M. McNeill	2,248	64	1	2	2	300
University of Oklahoma Medical Center								
University Hospital [1-2-325]	Oklahoma City	S. G. Wolf, Jr.	1,523	97	10	28	3	300
Veterans Admin. Hospital [2]	Oklahoma City	J. F. Hammarsten	2,634	135	5	16	3	...
Wesley Hospital [1]	Oklahoma City	W. W. Rucks, Jr.	1,289	50	1	1	1	250
St. John's Hospital	Tulsa, Okla.	W. J. O'Mella	4,396	68	2	6	2	175
Emanuel Hospital [1-2]	Portland, Ore.	R. Alleman	3,667	110	1	3	3	275
Good Samaritan Hospital [1-2]	Portland, Ore.	W. Larson	3,086	81	2	6	3	275
Providence Hospital [1-2]	Portland, Ore.	R. McMahon	3,515	160	2	5	3	275
St. Vincent's Hospital [1-2]	Portland, Ore.	E. E. Rosenbaum	5,092	157	2	6	3	275
University of Oregon Medical School Hospitals and Clinics [1-2]	Portland, Ore.	H. P. Lewis	3,100	247	3	9	3	125
Veterans Admin. Hospital [1-2]	Portland, Ore.	L. W. Ritzmann	2,314	163	8	19	3	...
Abington Memorial Hospital [1-2]	Abington, Pa.	J. T. Beardwood, Jr.	1,840	109	1	4	3	150
Allentown Hospital [1-2]	Allentown, Pa.	C. H. Kelchner	2,332	128	1	3	3	225
Sacred Heart Hospital [1-2]	Allentown, Pa.	A. W. Dubbs	2,526	66	1	2	2	225
St. Luke's Hospital [1-2]	Bethlehem, Pa.	R. K. Shields	2,526	106	1	2	3	225
Bryn Mawr Hospital [1-2]	Bryn Mawr, Pa.	W. W. Piper	2,903	144	2	6	3	200
Geo. F. Geisinger Memorial Hospital [1-2]	Danville, Pa.	J. A. Collins	2,523	85	3	8	3	175
Easton Hospital [1-2]	Easton, Pa.	J. Kincov	2,126	105	2	3	2	250
Hamot Hospital [1-2]	Erie, Pa.	J. B. Tredway	3,595	105	1	3	2	250
Harrisburg Hospital [1-2]	Harrisburg, Pa.	J. A. Daugherty	3,644	133	2	4	3	250
Harrisburg Polyclinic Hospital	Harrisburg, Pa.	A. W. Cowley	3,135	149	2	4	3	250
Albert Einstein Medical Center								
Northern Division [1]	Philadelphia	B. A. Gouley	2,817	129	6	18	3	125
Southern Division [1-2]	Philadelphia	T. Mendell	2,480	98	2	5	3	125
Chestnut Hill Hospital [1]	Philadelphia	R. M. Truitt, Jr.	1,186	56	2	2	1	300
Episcopal Hospital [1-2]	Philadelphia	R. R. Vogel	2,294	96	2	6	3	150
Frankford Hospital [1-2]	Philadelphia	G. E. Mark, Jr.	1,285	57	1	2	1	250
Germantown Dispensary and Hospital [1-2]	Philadelphia	R. W. Mays	2,177	101	1	3	3	175
Graduate Hospital of the University of Pennsylvania [1-2]	Philadelphia	H. L. Bockus	1,486	65	3	6	3	100
Hahnemann Medical College and Hospital [1-2]	Philadelphia	J. H. Moyer	2,620	117	4	12	3	75
Hospital of the University of Pennsylvania [1-2]	Philadelphia	F. C. Wood	5,169	192	14	45	3	...
Hospital of the Woman's Medical College of Pennsylvania [1-2]	Philadelphia	W. G. Leaman	1,436	51	1	5	3	110
Jefferson Medical College Hospital [1-2]	Philadelphia	W. A. Bodeman	4,008	163	3	12	3	100

Numerical and other references will be found on pages 840 through 842.

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered*	Total Residencies Offered*	Length of Approved Program (Years)	Beginning Stipend (Month)
Lankenau Hospital [1-2]	Philadelphia	D. B. Pierson- E. L. Bortz	2,004	114	2	4	2	200
Mercy-Douglass Hospital	Philadelphia	E. E. Holloway	534	12	2	4	1	150
Methodist Episcopal Hospital [1-2]	Philadelphia	H. F. Robertson	1,320	61	2	2	1	150
Nazareth Hospital [1]	Philadelphia	S. J. Shromak	1,316	55	..	..	1	150
Pennsylvania Hospital [1-2]	Philadelphia	G. G. Duncan	3,052	178	11	11	3	200
Philadelphia General Hospital [1-2]	Philadelphia	C. M. Thompson	5,347	606	6	19	3	175
Presbyterian Hospital [1-2]	Philadelphia	G. P. Rouse	2,240	110	2	6	3	175
Temple University Hospital [1-2]	Philadelphia	T. M. Durant	3,584	127	4	12	3	..
Veterans Admin. Hospital [1-2]	Philadelphia	H. P. Close	2,222	121	9	19	3	..
Allegheny General Hospital [1]	Pittsburgh	V. B. Calhoun	2,490	137	1	3	3	200
Health Center Hospital of the University of Pittsburgh School of Medicine								
Elizabeth Steel Magee Hospital [1-2]	Pittsburgh	C. R. Schaefer	1,605	57	1	3	3	125
Presbyterian Hospital [1-2]	Pittsburgh	J. D. Myers	2,004	131	6	13	3	125
Mercy Hospital [1-2]	Pittsburgh	J. M. Johnston	1,446	14	3	9	3	225
Montefiore Hospital [1-2]	Pittsburgh	J. H. Silverberg	3,011	109	6	6	3	225
Pittsburgh Hospital [1-2]	Pittsburgh	A. V. Morgan	1,027	44	1	3	1	200
St. Francis General Hospital and Rehabilitation Institute [1-2]	Pittsburgh	F. Conciho	4,370	112	2	4	3	225
St. Margaret Memorial Hosp. al [1-2]	Pittsburgh	C. J. Bowen	1,328	46	1	1	1	200
Veterans Admin. Hospital [1-2]	Pittsburgh	A. S. Ghishen	3,570	250	8	20	3	..
Western Pennsylvania Hospital [1-2]	Pittsburgh	R. L. Forsyth	3,449	140	2	6	3	225
Reading Hospital [1-2]	Reading, Pa.	J. R. Spannuth	3,427	196	2	6	3	225
Robert Packer Hospital [1-2]	Sayre, Pa.	S. D. Conklin	3,085	64	3	9	3	225
Rhode Island Affiliated Hospitals			..	..	..	..	3	..
Newport Hospital [1-2]	Newport, R. I.	H. W. Brownell	1,314	..	1	1	..	150
Memorial Hospital [1-2]	Pawtucket, R. I.	A. M. Burgess	587	67	..	1	..	225
Miriam Hospital [1-2]	Providence, R. I.	E. A. Sharp	1,546	31	..	1	..	250
Rhode Island Hospital [1-2]	Providence, R. I.	M. N. Fulton	3,855	211	5	9	3	125
Veterans Admin. Hospital [1-2]	Providence, R. I.	R. W. Phillips	1,713	76	2	4	2	..
Teaching Hospitals of the Medical College of South Carolina	Charleston, S. C.	V. Moseley	2,990	110	7	14	3	167
Medical College Hospital			....	....	..	..	..	....
Roper Hospital			....	....	..	..	..	....
Columbia Hospital of Richland County [1]	Columbia, S. C.	W. C. McLain, Jr.	4,521	70	1	1	1	175
Veterans Admin. Hospital	Columbia, S. C.	S. L. Zimmerman	3,014	129	2	6	3	..
Baroness Erlanger Hospital [1-2]	Chattanooga, Tenn.	A. S. S. Easley	4,954	131	4	7	3	250
St. Mary's Memorial Hospital [1-2]	Knoxville, Tenn.	E. C. Sienknecht	4,657	69	2	3	2	250
University of Tennessee Memorial Research Center and Hospital	Knoxville, Tenn.	R. B. Wood	1,670	61	1	3	3	250
City of Memphis Hospitals [1-2]	Memphis, Tenn.	I. P. Tullis	5,775	223	6	16	3	150
St. Joseph Hospital [1-2]	Memphis, Tenn.	S. B. Blackwell	3,673	71	1	3	3	250
Veterans Admin. Hospital [1-2-3-5]	Memphis, Tenn.	F. S. Dietrich	3,500	147	2	11	3	..
Baptist Hospital [1-2]	Nashville, Tenn.	C. C. Woodcock	2,829	18	2	1	1	300
George W. Hubbard Hospital [1-2]	Nashville, Tenn.	G. B. Brothers	1,219	52	2	5	3	125
Nashville General Hospital [1-2]	Nashville, Tenn.	W. J. Card	1,392	43	2	4	1	175
St. Thomas Hospital [1-2]	Nashville, Tenn.	J. J. Callaway	2,330	55	2	4	3	300
Vanderbilt University Hospital [1-2]	Nashville, Tenn.	H. J. Morgan	3,449	111	..	12	3	50
Veterans Admin. Hospital [1-2]	Nashville, Tenn.	R. France	2,510	102	4	11	3	..
Oak Ridge Institute of Nuclear Studies [1-2-21]	Oak Ridge, Tenn.	G. A. Andrews	352	27	..	2	1	167
Baylor University Hospital [1-2]	Dallas, Texas	R. Tompsett	5,020	171	3	9	3	175
Methodist Hospital [1-2]	Dallas, Texas	A. E. Haley	500	8	1	4	3	300
Parkland Memorial Hospital [1-2]	Dallas, Texas	D. Sehlin	3,054	181	10	22	3	150
St. Paul's Hospital [1-2]	Dallas, Texas	P. Q. Needham	3,708	154	2	6	3	150
Veterans Admin. Hospital [1-2-25]	Dallas, Texas	B. Friedman	2,500	136	5	14	3	..
Harris Hospital [1]	Fort Worth, Texas	J. M. Church	5,907	104	2	4	2	300
University of Texas Medical Branch Hospitals [1-2-12]	Galveston, Texas	C. T. Stone, Sr.	3,661	216	8	20	3	160
Baylor University College of Medicine Affiliated Hospitals								
Jefferson Davis Hospital [1]	Houston, Texas	J. A. Greene	1,829	101	5	13	3	75
Methodist Hospital [1-2]	Houston, Texas	H. W. Cummings, Jr.	3,387	81	1	3	3	220
Veterans Admin. Hospital [1-2]	Houston, Texas	H. D. Bennett	4,679	241	7	21	3	..
Hermann Hospital [1-2]	Houston, Texas	E. A. Wilkerson	5,772	147	2	6	3	125
St. Joseph's Hospital [1-2]	Houston, Texas	S. Schnur	1,844	14	..	1	1	220
University of Texas M.D. Anderson Hospital and Tumor Institute [1-2]	Houston, Texas	C. D. Howe	984	194	..	8	1	150
Veterans Admin. Hospital [1-2]	McKinney, Texas	G. A. Edwards	1,455	42	2	4	3	..
Robert B. Green Memorial Hospital [1-2]	San Antonio, Texas	L. B. Reppert	1,097	140	1	2	2	150
Santa Rosa Hospital [1-2]	San Antonio, Texas	R. E. Nitschke	3,296	124	1	1	3	250
Scott and White Memorial Hospitals [1-2]	Temple, Texas	J. G. Rodarte	5,716	58	2	6	3	300
Thomas D. Dee Memorial Hospital [1]	Ogden, Utah	G. H. Keyes	2,669	174	2	2	1	225
Dr. W. H. Groves Latter Day Saints Hospital [1-2]	Salt Lake City	A. P. MacFarlane	3,113	122	2	4	3	250
Holy Cross Hospital [1-2]	Salt Lake City	G. Gross	1,479	43	1	1	1	175
University of Utah College of Medicine Affiliated Hospitals			....	....	..	..	3	....
Salt Lake County General Hospital [1]	Salt Lake City	M. Wintrobe	1,224	85	6	16	..	220
Veterans Admin. Hospital (128th Avenue) [1-2]	Salt Lake City	H. W. Harris	1,055	62	2	7	..	....
University of Vermont Affiliated Hospitals								
De Goesbriand Memorial Hospital	Burlington, Vt.	C. M. Terrien	1,849	57	1	2	2	167
Mary Fletcher Hospital [1-2]	Burlington, Vt.	E. L. Amidon	1,604	49	3	6	2	160
Alexandria Hospital [1]	Alexandria, Va.	J. C. Watson	1,858	127	3	3	1	275
University of Virginia Hospital [1-2]	Charlottesville, Va.	W. Parson	2,841	75	11	22	3	50
Chesapeake and Ohio Hospital [1-2]	Clifton Forge, Va.	A. Williams	3,583	54	4	4	1	200
Riverside Hospital [1-2]	Newport News, Va.	E. B. Mewborne	2,170	60	1	1	1	250
De Paul Hospital [1-2]	Norfolk, Va.	R. Gahagan	2,100	90	2	5	3	200
Norfolk General Hospital [1-2]	Norfolk, Va.	J. Franklin	2,080	111	3	4	3	215
Johnston-Wills Hospital [1-2]	Richmond, Va.	J. M. Hutcheson	2,042	86	2	2	1	250

Numerical and other references will be found on pages 568 through 582.

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies (Offered)*	Total Residencies (Offered)*	Length of Approved Program (Years)	Beginning Stipend (Month)
Medical College of Virginia—								
Hospital Division [1-3-473]	Richmond, Va.	H. Walker	4,575	191	10	19	3	75
Veterans Admin. Hospital [1-3-472]	Richmond, Va.	W. T. Thompson, Jr.	4,881	161	9	27	3	...
Jefferson Hospital [1-3]	Roanoke, Va.	R. Crawford	1,183	30	1	1	1	300
Doctors Hospital [1-3]	Seattle	Q. B. Demarsh	2,400	152	1	2	1	250
Providence Hospital [1-3]	Seattle	K. E. Byrnes	2,700	88	1	2	2	215
Swedish Hospital [1-3]	Seattle	D. R. Sparkman	1,678	183	1	1	1	225
University of Washington College of Medicine Affiliated Hospitals							3	
King County Hospital Unit No. 1 (Harborview) [1]	Seattle	R. H. Williams	4,438	280	6	13	..	125
Veterans Admin. Hospital [1-3]	Seattle	R. S. Evans	1,540	153	6	12	..	...
Virginia Mason Hospital [1-3]	Seattle	R. L. King	2,958	82	2	6	3	150
Beckley Memorial Hospital [1-3]	Beckley, W. Va.	A. D. Klotin	1,481	62	2	6	3	400
Charleston General Hospital [1-3]	Charleston, W. Va.	W. A. Thornhill, Jr.	2,047	48	2	5	3	225
Memorial Hospital [1-3]	Charleston, W. Va.	W. C. Stewart	2,310	36	1	3	3	250
Cabell Huntington Hospital [1-3]	Huntington, W. Va.	J. F. Carr	2,137	44	1	1	1	250
Chesapeake and Ohio Hospital [1-3]	Huntington, W. Va.	J. F. Otte, Jr.	2,530	32	4	6	1	300
Ohio Valley General Hospital [1-3]	Wheeling, W. Va.	C. H. Hiles	3,018	69	2	6	3	300
La Crosse Lutheran Hospital [1-3]	La Crosse, Wis.	T. E. Gundersen	2,975	38	1	1	2	300
Madison General Hospital [1-3]	Madison, Wis.	A. J. Richtsmeier	2,700	104	2	2	1	175
St. Mary's Hospital [1-3-474]	Madison, Wis.	R. N. Allin	1,048	60	1	3	3	250
University Hospitals [1-3-475]	Madison, Wis.	O. O. Meyer	5,589	112	7	21	3	100
St. Joseph's Hospital	Marshfield, Wis.	G. E. Magnin	786	32	2	2	1	350
Columbia Hospital [1-3-57]	Milwaukee	H. W. Pohle	2,774	83	1	3	2	245
Milwaukee County Hospital [1-3]	Milwaukee	W. W. Engstrom	13,748	117	8	24	3	267
Milwaukee Hospital [1-3-477]	Milwaukee	E. R. Daniels	2,223	95	1	2	2	276
Mount Sinai Hospital [1]	Milwaukee	N. Grossman	1,501	31	2	4	2	300
St. Joseph's Hospital [1-3]	Milwaukee	P. G. La Bissoniere	2,217	60	1	3	2	280
St. Luke's Hospital [1-3-478]	Milwaukee	J. Meyer	1,353	42	2	2	1	275
St. Mary's Hospital [1-3]	Milwaukee	M. C. F. Lindert	1,497	75	2	3	1	300
Veterans Admin. Hospital [1-3-26-479]	Milwaukee (Wood), Wis.	M. W. Garry	4,194	247	4	15	3	...
Gorgas Hospital [1]	Ancon, C. Z.	J. R. Vivas	2,202	43	2	4	..	345
Queen's Hospital [1-3-87]	Honolulu, T. H.	H. Gotshalk	3,251	178	3	7	3	150
St. Francis Hospital [1-3]	Honolulu, T. H.	C. M. Lum	2,324	46	2	6	2	150
Bayamon Charity District Hospital [1-3]	Bayamon, P. R.	R. Rodriguez	1,254	61	2	5	3	250
Ponce General District Hospital	Ponce, P. R.	H. F. Rodriguez	1,596	83	3	7	3	250
San Juan City Hospital [1-3]	San Juan, P. R.	R. S. Diaz Rivera	1,161	55	4	12	3	150
Veterans Admin. Hospital [1-3]	San Juan, P. R.	E. A. Ramirez	1,164	32	2	5	3	...

9. NEUROLOGICAL SURGERY

Residency programs in the following hospitals have been approved by the Council and the American Board of Neurological Surgery, through the Residency Review Committee for Neurological Surgery, as offering acceptable training in the specialty.

Hospitals, 117; Assistant Residencies and Residencies, 357

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies (Offered)*	Total Residencies (Offered)*	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY								
Army Medical Center [1-3]	Washington, D. C.	G. J. Hayes	668	36	1	4	4	...
NONFEDERAL AND VETERANS ADMINISTRATION								
University of Alabama Medical Center							3	...
University Hospital and Hillman Clinic [1-3]	Birmingham, Ala.	J. G. Galbraith	1,659	41	1	1	..	100
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	J. D. French	786	26	1	3	4	...
Los Angeles County Hospital [1]	Los Angeles	C. W. Ratcl	2,313	175	1	5	4	216
University of California Medical Center							4	...
University Hospital [1-3]	Los Angeles	W. E. Stern	736	7	1	4	..	229
Veterans Admin. Hospital [1-3]	Los Angeles	W. E. Stern	863	17	1	2	..	...
White Memorial Hospital [1-3-67]	Los Angeles	P. J. Vogel	411	20	2	4	4	215
Collis P. and Howard Huntington Memorial Hospital [1-3]	Pasadena, Calif.	C. H. Sheldon R. H. Podenz	602	25	1	4	4	300
University of California Hospitals							4	...
Franklin Hospital [1-83]	San Francisco	H. A. Brown	739	7	..	..	..	...
University of California Hospitals [1]	San Francisco	J. E. Adams	697	29	2	8	..	231
Veterans Admin. Hospital [1-3]	San Francisco	O. W. Jones, Jr.	125	11	..	2	..	...
University of Colorado Medical Center							4	...
Colorado General Hospital [1-3]	Denver	C. G. Freed	290	12	1	4	..	180
Denver General Hospital [1-3]	Denver	C. G. Freed	911	22	..	..	..	...
Veterans Admin. Hospital [1-3]	Denver	K. Welch	113	7	..	..	..	...
Grace-New Haven Community Hospital—Hartford Hospital							4	...
Hartford Hospital [1-3]	Hartford, Conn.	W. B. Scoville	1,180	63	2	5	..	125
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	W. J. German	547	26	..	2	..	110
Georgetown University Affiliated Hospitals		O. H. Fulcher					4	...
Children's Hospital [1-3]	Washington, D. C.	J. Williams	111	3	1	1	..	100
District of Columbia General Hospital [1-3]	Washington, D. C.				..	2	..	283
Georgetown University Hospital [1-3-113]	Washington, D. C.		335	16	1	4	..	175
George Washington University Hospitals		J. W. Watts			..	..	4	...
Children's Hospital	Washington, D. C.	J. Williams	111	3	1	1	..	100
District of Columbia General Hospital	Washington, D. C.				..	2	..	283
George Washington University Hospital	Washington, D. C.		632	32	1	4	..	150
Emory University Affiliated Hospitals					..	..	4	...
Grady Memorial Hospital	Atlanta, Ga.		140	2	..	..	..	...
Emory University Hospital [1-3]	Emory University, Ga.	E. F. Fincher	273	13	1	4	..	225

Numerical and other references will be found on pages 640 through 642.

9. NEUROLOGICAL SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Salary (Month)
Loyola University (Stritch School of Medicine)								
Affiliated Hospitals			.....	..	..	..	4	...
Mercy Hospital [1-3]	Chicago	H. C. Voris	650	12	1	4	..	300
Veterans Admin. Hospital [1-3]	Hines, Ill.	E. Oldberg-H. C. Voris	444	12	1	2	..	...
Northwestern University Medical Center			.....	..	..	..	4	...
Chicago Wesley Memorial Hospital [1-3]	Chicago	P. C. Bucy	420	17	..	3	4	125
Passavant Memorial Hospital [1-3]	Chicago	L. Davis	142	6	..	1	..	125
Veterans Admin. Research Hospital [1-3]	Chicago	L. Davis	153	4	..	1	..	...
Evanston Hospital [1-3]	Evanston, Ill.	J. Tarkington	96	8	1	1	..	225
Presbyterian-St. Luke's Hospital								
Presbyterian Hospital Division [1-3]	Chicago	E. Oldberg	197	6	1	2	3	125
St. Luke's Hospital Division [1-3]	Chicago	E. Oldberg	(See University of Illinois Neuropsychiatric Institute)					
University of Chicago Clinics [1-3]	Chicago	J. P. Evans	427	19	2	6	3	300
University of Illinois Neuropsychiatric Institute [1-3-121]	Chicago	E. Oldberg	Incl. in Neurology		..	..	4	...
Indiana University Medical Center		R. F. Helmburger	.....	..	1	3	4	...
Indiana University Medical Center Hospital [1]	Indianapolis		432	36	..	..	..	165
Veterans Admin. Hospital [1-3]	Indianapolis		140	13	..	..	..	...
State University of Iowa Hospitals [1-3]	Iowa City	R. Meyers	636	36	..	3	4	300
University of Kansas Medical Center [1-3]	Kansas City, Kan.	W. Williamson	437	16	1	4	4	125
University of Louisville Medical Center			.....	..	..	..	..	...
Children's Hospital	Louisville, Ky.		.....	..	..	..	..	...
Louisville General Hospital [1-3]	Louisville, Ky.	R. G. Spurling	1,300	42	1	4	..	165
Norton Memorial Hospital	Louisville, Ky.		241	3	..	..	..	...
Veterans Admin. Hospital [1-3]	Louisville, Ky.	E. Grantham	196	6	..	1	..	...
Charity Hospital of Louisiana								
Tulane University Unit [1]	New Orleans	D. H. Echols	258	18	..	1	1	175
Ochsner Foundation Hospital [1-3-155]	New Orleans	D. H. Echols	372	12	1	4	4	225
Johns Hopkins Hospital [1-3]	Baltimore	A. E. Walker	823	19	2	6	4	150
Baltimore City Hospital	Baltimore	J. D. McQueen	268	10	..	1	..	150
University Hospital [1]	Baltimore	J. G. Arnold	775	21	1	6	4	75
Boston City Hospital [1-3]	Boston	W. Wegner	381	19	1	5	4	132
Children's Medical Center	Boston	F. D. Ingraham	556	18	..	4	4	...
Peter Bent Brigham Hospital [1-3]	Boston	F. D. Ingraham	Incl. in Surgery		..	4	..	42
Massachusetts General Hospital [1-3]	Boston	J. C. White	908	27	2	5	4	67
Veterans Admin. Hospital [1-3]	Boston (Jamaica Plain)	J. H. Drew	267	7	..	..	..	...
New England Center Hospital [1-3]	Boston	R. Selverstone	358	7	1	4	4	100
University Hospital [1-3]	Ann Arbor, Mich.	E. A. Kahn	975	66	1	6	4	195
Grace Hospital [1-3-209]	Detroit	E. S. Gurdjian	620	22	1	4	4	275
Henry Ford Hospital [1-3]	Detroit	R. S. Knighton	486	20	2	6	4	250
University of Minnesota Hospitals [1-3-209]	Minneapolis	W. T. Peyton	547	30	..	5	4	300
Mayo Foundation	Rochester, Minn.	J. G. Love	2,383	40	6	24	4	175
University of Mississippi Medical Center			.....	..	..	..	4	...
University Hospital	Jackson, Miss.	O. J. Andy	221	17	1	4	..	250
Veterans Admin. Hospital	Jackson, Miss.		122	13	..	..	..	...
Barnes Hospital [1-3]	St. Louis	H. G. Schwartz	585	45	2	6	4	75
Dartmouth Medical School Affiliated Hospitals		R. G. Fisher	631	30	1	4	4	...
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.		.....	..	..	..	..	218
Veterans Admin. Hospital [1-3]	White River Jct., Vt.		.....	..	..	..	..	...
Albany Hospital [1-3]	Albany, N. Y.	R. D. Whitfield	1,023	34	1	4	4	160
Kings County Hospital—Division II [1-3]	Brooklyn, N. Y.	E. J. Browder	3,243	86	1	4	4	165
Long Island College Hospital	Brooklyn, N. Y.	E. J. Browder	.....	..	..	..	..	...
Buffalo General Hospital [1-3]	Buffalo	W. B. Hamby	546	21	1	3	4	175
Albert Einstein College of Medicine Affiliated Hospitals			.....	..	..	..	4	...
Bronx Municipal Hospital Center [1-3]	New York City	L. M. Davidoff	392	20	1	4	..	125
Montefiore Hospital [1-3]	New York City		.....	..	..	..	..	...
Bellevue Hospital Center								
Div. IV—New York University Post-Graduate Medical School [273]	New York City	T. J. Hoen	306	25	2	6	3	71
Mount Sinai Hospital [1-3]	New York City	N. W. Gross	348	13	1	3	3	75
New York Hospital [1-3]	New York City	B. S. Ray	286	..	..	2	4	300
Presbyterian Hospital (Neurological Institute) [1]	New York City	J. L. Pool	681	27	4	9	4	300
St. Vincent's Hospital [1-3]	New York City	C. G. de Gutierrez-Mahoney	901	28	1	4	4	125
Veterans Admin. Hospital (Bronx) [1-3-252]	New York City	J. E. Scarff	771	12	1	4	4	...
Strong Memorial-Rochester Municipal Hospital [1-3]	Rochester, N. Y.	F. P. Smith	422	..	..	2	4	117
Duke University Affiliated Hospitals			.....	..	..	..	..	...
Duke Hospital [1-3]	Durham, N. C.	B. Woodhall	1,049	30	1	5	..	127
Veterans Admin. Hospital [1-3]	Durham, N. C.	B. Nashold	284	21	..	2	..	...
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	E. Alexander, Jr.	760	36	1	4	4	108
University of Cincinnati College of Medicine Hospital Group			.....	..	..	..	4	...
Children's Hospital [1-3]	Cincinnati		.....	..	..	..	..	...
Christ Hospital [1]	Cincinnati	F. H. Mayfield	402	22	1	1	..	300
Cincinnati General Hospital [1-3]	Cincinnati	R. L. McLaurin	336	27	1	5	..	300
Good Samaritan Hospital [1-3]	Cincinnati	F. H. Mayfield	145	8	..	1	..	300
Veterans Admin. Hospital [1-3]	Cincinnati	R. L. McLaurin	156	8	..	..	..	...
Cleveland Clinic Hospital [1-3]	Cleveland	W. J. Gardner	805	33	2	6	4	175
Western Reserve University Affiliated Hospitals			.....	..	1	4	..	...
Cuyahoga County Hospital [1-3]	Cleveland	B. M. Bloor	235	30	..	..	..	167
University Hospitals [1-3]	Cleveland	F. E. Nulsen	385	24	..	..	..	183
Veterans Admin. Hospital [1-3]	Cleveland	F. E. Nulsen	200	25	..	..	..	...
Ohio State University Hospitals			.....	..	..	..	4	...
Children's Hospital [1]	Columbus, Ohio	M. P. Sayers	558	27	..	2	..	300
University Hospital [1-3]	Columbus, Ohio	H. E. Le Fever	499	54	..	3	..	302
White Cross Hospital [1-3]	Columbus, Ohio	W. E. Hunt	656	14	1	2	..	300
University of Oklahoma Hospitals [1-3-220]	Oklahoma City	H. Wilkins	256	15	1	2	4	300
Good Samaritan Hospital [1-3]	Portland, Ore.	J. Raaf	1,153	22	1	5	4	275
University of Oregon Medical School Affiliated Hospitals			.....	..	..	..	4	...
University of Oregon Medical School Hospitals and Clinics [1-3]	Portland, Ore.	G. M. Austin	382	13	1	3	..	125
Veterans Admin. Hospital [1-3]	Portland, Ore.		.....	..	..	..	..	...

Numerical and other references will be found on pages 640 through 642.

195
V. 1

9. NEUROLOGICAL SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered*	Total Residencies Offered*	Length of Approved Program (Years)	Beginning Stipend (Month)
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	R. A. Groff	480	17	2	4	4	100
Hahnemann Medical College and Hospital [1-3]	Philadelphia	A. K. Olsen	250	6	1	1	3	75
Hospital of the University of Pennsylvania [1-3]	Philadelphia	R. Groff	358	14	1	4	4	...
Jefferson Medical College Hospital [1-3]	Philadelphia	R. Jaeger	354	14	1	2	4	100
Temple University Hospital [1-4]	Philadelphia	M. Scott	775	39	1	4	4	...
Health Center Hospitals of the University of Pittsburgh School of Medicine [1-3]	Pittsburgh	.....	.....	...	..	..	4	...
Children's Hospital [1-3]	Pittsburgh	J. F. Grunnagle	462	24	..	..	..	...
Presbyterian Hospital and Women's Hospital [1-3]	Pittsburgh	S. N. Rowe	1,780	40	1	4	..	150
Mercy Hospital [1-3]	Pittsburgh	F. H. Bragdon	520	14	1	3	3	225
Robert Packer Hospital [1-3]	Sayre, Pa.	A. B. King	476	18	1	1	1	225
University of Tennessee Medical Center Hospitals	.....	.....	.....	...	..	..	4	...
Baptist Memorial Hospital [1-3]	Memphis, Tenn.	R. L. De Saussure	2,139	29	2	8	..	200
City of Memphis Hospitals [1-3]	Memphis, Tenn.	F. Murphey	555	20	1	2	..	150
Vanderbilt University Hospital [1-3]	Nashville, Tenn.	W. F. Meacham	705	30	1	4	4	50
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	S. R. Snodgrass	539	22	1	4	4	100
Baylor University College of Medicine Affiliated Hospitals	.....	.....	.....	...	..	..	4	...
Jefferson Davis Hospital [1-3]	Houston, Texas	J. Greenwood	157	24	..	1	..	100
Methodist Hospital [1-3]	Houston, Texas	J. Greenwood, Jr.	840	25	1	3	..	220
Veterans Admin. Hospital [1-3-202]	Houston, Texas	J. W. Robertson	346	25	2	5	..	...
University of Vermont Affiliated Hospitals	.....	R. M. P. Donaghy	481	13	1	4	4	167
DeGoesbriand Memorial Hospital	Burlington, Vt.	.....	.....	...	..	..	..	...
Mary Fletcher Hospital	Burlington, Vt.	.....	.....	...	..	..	..	...
University of Virginia Hospitals	.....	.....	.....	...	..	..	4	...
University Hospital [1-3]	Charlottesville, Va.	W. G. Crutchfield	858	5	1	4	4	50
Veterans Admin. Hospital [1-3]	Richmond, Va.	J. L. Ulmer	334	9	1	2	..	...
Medical College of Virginia—Hospital Division	Richmond, Va.	J. M. Meredith	1,388	28	1	4	4	75
University of Washington Affiliated Hospitals	.....	A. A. Ward, Jr.	.....	...	..	..	4	...
King County Hospital Unit No. 1 (Harborview) [1]	Seattle	.....	413	32	1	4	..	250
Veterans Admin. Hospital [1-3]	Seattle	.....	109	16	1	2	..	...
University Hospitals [1-3]	Madison, Wis.	T. C. Erickson	536	43	1	4	4	100

10. NEUROLOGY

Residency programs in the following hospitals have been approved for THREE years of training by the Council and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.)

Hospitals, 67; Assistant Residencies and Residencies, 329

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered*	Total Residencies Offered*	Beginning Stipend (Month)
UNITED STATES ARMY							
Army Medical Center [1-3]	Washington, D. C.	H. W. Hogan	391	4	2	6	...
NONFEDERAL AND VETERANS ADMINISTRATION							
University of California Hospital [1-3]	Los Angeles	A. S. Rose	67	...	1	3	220
Stanford University Hospitals [1-3]	San Francisco	H. Newman	184	1	1	1	100
University of California Hospitals [1-32]	San Francisco	R. B. Aird	554	2	4	10	231
Veterans Admin. Hospital [1-3-203]	San Francisco	H. W. Newman	218	3	1	3	...
University of Colorado Medical Center Colorado General Hospital [1-3]	Denver	L. E. Daniels	233	4	2	4	180
Denver General Hospital [1-3]	Denver	Incl. in Int. Med.	.....	...	..	..	...
Veterans Admin. Hospital [1-3]	Denver	W. V. Huber	527	47	1	2	...
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	G. H. Glaser	500	...	1	3	150
Georgetown University Hospital [1-3-113]	Washington, D. C.	F. M. Forster	146	4	2	7	300
Veterans Admin. Hospital [1-3-113]	Washington, D. C.	H. P. Corson	161	2	2	4	...
Jackson Memorial Hospital [1-3]	Miami, Fla.	P. Scheinberg	654	57	2	6	75
Northwestern University Medical Center [1-3-221]	Chicago	B. Boshes	358	6	3	9	240
Chicago Wesley Memorial Hospital [1-3]	Chicago	B. Boshes	256	3	1	1	125
Veterans Admin. Research Hospital	Chicago	H. Koenig	102	3	..	1	...
Presbyterian-St. Luke's Hospital St. Luke's Hospital Division [1-3-121]	Chicago	R. P. Mackay	176	12	1	3	125
University of Chicago Clinics [1-3]	Chicago	R. B. Richter	292	7	1	3	200
University of Illinois Neuropsychiatric Institute [1-3]	Chicago	E. Ohlberg	626	40	1	6	140
Veterans Admin. Hospital [1-3]	Hines, Ill.	E. Tigay	1,057	51	4	4	...
Indiana University Affiliated Hospitals	.....	A. T. Ross	.....	...	..	..	...
Indianapolis General Hospital	Indianapolis	.....	255	35	1	1	205
Indiana University Medical Center [1]	Indianapolis	.....	Incl. in Med. & Ped.		2	6	165
State University of Iowa Hospitals [1-3-27]	Iowa City	A. L. Sahs	1,132	15	2	4	175
University of Kansas Medical Center [1-3]	Kansas City, Kan.	A. T. Steegmann	312	5	2	4	125
Veterans Admin. Hospital [1-3]	Kansas City, Mo.	A. B. Williamson, Jr.	200	23	..	..	...
University of Louisville Affiliated Hospitals Louisville General Hospital [1-3]	Louisville, Ky.	E. Roseman	733	60	1	3	131
Veterans Admin. Hospital [1-3]	Louisville, Ky.	E. Roseman	292	17	..	..	...
Charity Hospital of Louisiana Louisiana State University Unit [1]	New Orleans	R. Paddison	704	9	1	3	100
Tulane University Unit [1]	New Orleans	R. G. Heath	818	10	1	3	100
Baltimore City Hospitals [1-3]	Baltimore	J. W. Magladery	916	57	2	3	125
Johns Hopkins Hospital [1-3]	Baltimore	J. W. Magladery	Incl. in Int. Med.		1	3	100
University Hospital [1]	Baltimore	C. Van Buskirk	144	4	2	5	75
Boston City Hospital [1-3]	Boston	D. E. Denny-Brown	304	10	4	10	122
Massachusetts General Hospital [1-3]	Boston	R. D. Adams	786	...	4	5	67
New England Center Hospital [1-3]	Boston	J. F. Sullivan	410	3	..	3	100

Numerical and other references will be found on pages 660 through 662.

10. NEUROLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered	Total Residencies Offered	Beginning Stipend (Month)
Veterans Admin. Hospital [1-9]	Boston (Jamaica Plain)	F. A. Quadfasel	925	14	4	10	350
University Hospital [1-2-121]	Ann Arbor, Mich.	R. N. De Jong	784	17	4	14	350
Henry Ford Hospital [1-9]	Detroit	L. D. Proctor	380	10	1	3	350
University of Minnesota Hospitals							
Minneapolis General Hospital	Minneapolis	H. H. Noran	500	60	2	4	220
University Hospital [1-2-257]	Minneapolis	A. B. Baker	552	16	[illegible]	8	220
Veterans Admin. Hospital [1-9]	Minneapolis	C. Gray	674	18	[illegible]	2	...
Mayo Foundation	Rochester, Minn.	L. M. Eaton	3,865	30	6	18	175
Barnes Hospital [1-9]	St. Louis	J. L. O'Leary	741	21	2	4	75
Albany Medical School Affiliated Hospitals		F. Hesser	...	...	...	...	...
Albany Hospital [1-9]	Albany, N. Y.		444	8	2	5	100
Veterans Admin. Hospital [1-9]	Albany, N. Y.		284	15	1	1	...
Kings County Hospital							
Division II [1-9]	Brooklyn, N. Y.	A. M. Rabiner	1,678	55	2	6	105
Bellevue Hospital Center							
Div. II—Cornell University [1-2-257]	New York City	F. McDowell	483	20	1	4	105
Div. III—New York University College of Medicine [257]	New York City	M. Bender	500	8	4	11	105
Bronx Municipal Hospital Center [1-9]	New York City	S. R. Kotwy	227	20	2	6	125
Montefiore Hospital [1-9]	New York City	T. Lawyer	600	28	3	7	167
Mount Sinai Hospital [1-9]	New York City	M. B. Bender	700	21	5	10	75
New York Hospital [1-9]	New York City	H. G. Wolf	Incl. in Int. Med.	...	...	1	104
Presbyterian Hospital (Neurological Institute) [1-9]	New York City	H. H. Merritt	2,815	30	10	15	250
North Carolina Memorial Hospital [1-9]	Chapel Hill, N. C.	T. W. Farmer	256	5	2	4	175
Duke Hospital [1-9]	Durham, N. C.	E. C. Kunkle	404	1	3	7	200
North Carolina Baptist Hospital [1-9]	Winston-Salem, N. C.	M. G. Netsky	286	7	1	3	333
University of Cincinnati College of Medicine							
Hospitals Group		C. Aring	...	...	...	...	...
Cincinnati General Hospital [1-9]	Cincinnati		283	62	2	6	125
Veterans Admin. Hospital [1-9]	Cincinnati	C. Aring	177	16	...	1	...
University Hospitals [1-9]	Cleveland	C. T. Randt	240	22	2	5	150
Hospital of the University of Pennsylvania [1-9]	Philadelphia	G. Gaunon	492	11	3	8	100
Jefferson Medical College Hospital [1-9]	Philadelphia	B. J. Alpers	627	13	3	5	100
Philadelphia General Hospital [1-9]	Philadelphia	A. Ornstein	1,295	184	2	6	171
Baylor University College of Medical Affiliated Hospitals		W. S. Fields	...	...	...	...	...
Jefferson Davis Hospital [1-9]	Houston, Texas		119	11	...	1	75
Methodist Hospital [1-9]	Houston, Texas		131	1	1	2	220
Veterans Admin. Hospital [1-9]	Houston, Texas		483	21	1	3	...
University of Vermont Affiliated Hospitals							
De Goesbriand Memorial Hospital	Burlington, Vt.	H. Martin	100	3	1	2	167
Mary Fletcher Hospital [1-9]	Burlington, Vt.	G. Schumacher	256	5	1	3	250
University of Washington Affiliated Hospitals		F. Plum	...	...	...	...	...
King County Hospital Unit No. 1 (Harborview) [1]	Seattle		806	108	1	5	125
Veterans Admin. Hospital [1-9]	Seattle		160	12	...	...	...
University Hospitals [1-9]	Madison, Wis.	H. Reese	647	6	2	5	100

Residency programs in the following hospitals have been approved for TWO years of training by the Council and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.)

Hospitals, 21; Assistant Residencies and Residencies, 52

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered	Total Residencies Offered	Beginning Stipend (Month)
UNITED STATES ARMY							
Letterman Army Hospital [1-9]	San Francisco	W. Porter	383	1	2	2	...
Fitzsimons Army Hospital [1]	Denver	H. Collings, Jr.	188	...	1	2	...
UNITED STATES NAVY							
U. S. Naval Hospital [1-9]	Bethesda, Md.	J. E. Nardini	302	...	1	2	...
UNITED STATES PUBLIC HEALTH SERVICE							
National Institutes of Health-Clinical Center [1-9]	Bethesda, Md.	M. Shy	500	14	...	4	...
NONFEDERAL AND VETERANS ADMINISTRATION							
University of Alabama Medical Center							
Crippled Children's Hospital [1-9]	Birmingham, Ala.	W. S. Littlejohn	...	...	...	...	...
University Hospital and Hillman Clinic [1-9]	Birmingham, Ala.	W. S. Littlejohn	955	1	1	2	108
Veterans Admin. Hospital [1-9]	Birmingham, Ala.	J. Tucker	122	5	1	1	...
Veterans Admin. Hospital [1-9-55]	Long Beach, Calif.	M. Feld	487	58	1	3	...
Veterans Admin. Hospital [1-9]	Oakland, Calif.	J. K. Smith	308	...	2	2	...
Veterans Admin. Hospital [1-9]	West Haven, Conn.	L. L. Levy	...	...	2	2	...
District of Columbia General Hospital [1-9]	Washington, D. C.	F. M. Forster-H. Stevens	605	13	2	4	283
Wayne University School of Medicine Affiliated Hospitals		J. S. Meyer	450	3	3	6	300
Lafayette Clinic [1-9]	Detroit		...	...	...	...	...
Receiving Hospital [1-9]	Detroit		...	...	...	...	...
Buffalo General Hospital [1-9]	Buffalo	I. Hyman	240	1	1	1	175
Edward J. Meyer Memorial Hospital [1-9]	Buffalo	B. H. Smith	258	1	1	1	247
Cleveland Clinic Hospital [1-9]	Cleveland	G. H. Williams	134	...	1	1	175
Ohio State University Hospitals							
University Hospital [1-9]	Columbus, Ohio	D. M. Palmer	Incl. in Int. Med.		1	2	177
University of Oklahoma Medical Center		S. Wolf-H. O'Neill	384	97	1	3	...
University Hospital [1-9]	Oklahoma City		...	...	...	...	175
Veterans Admin. Hospital [1]	Oklahoma City		...	...	...	...	...
University of Oregon Medical School Hospitals and Clinics [1-9-224]	Portland, Ore.	R. L. Swank	300	31	1	2	125
Veterans Admin. Hospital [1-9-55]	Pittsburgh	F. Youngue	208	210	2	5	...
Vanderbilt University Hospital [1-9]	Nashville, Tenn.	D. E. Sprofkin	Incl. in Int. Med.		1	2	250
Veterans Admin. Hospital [1-9]	Salt Lake City	M. H. Thomas	170	5	...	1	...
University of Virginia Hospital [1-9]	Charlottesville, Va.	T. R. Johns	230	6	2	5	250

Numerical and other references will be found on pages 848 through 842.

10. NEUROLOGY—Continued

Residency programs in the following hospitals have been approved for ONE year of training by the Council and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level.)

Hospitals, 39; Assistant Residencies and Residencies, 51

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
UNITED STATES NAVY							
U. S. Naval Hospital [1-2]	Philadelphia	J. F. McMullin	131	...	1	1	...
SOMFEDERAL AND VETERANS ADMINISTRATION							
Veterans Admin. Hospital [1-2]	Los Angeles	R. Baker	426	7	1	1	...
White Memorial Hospital [1-2]	Los Angeles	L. B. Mann	175	4	1	1	215
George Washington University Hospital [1-2]	Washington, D. C.	J. W. Watts	706	29	1	2	150
Cook County Hospital	Chicago	W. R. Kirschbaum	1,444	17	2	2	140
Veterans Admin. Hospital [1-2]	Iowa City	M. W. Van Allen	412	13	1	1	...
Veterans Admin. Hospital [1-2]	Topeka, Kan.	M. R. Shaver	419	7	1	1	...
Massachusetts Memorial Hospital [1-2]	Boston	C. A. Kane	Incl. in Int. Med.		1	1	175
St. Louis City Hospital	St. Louis	W. Kempinsky—L. Turner	553	70	1	2	200
Veterans Admin. Hospital [1-2]	Omaha, Neb.	F. A. Mojka	245	21	1	2	...
Veterans Admin. Hospital [1-2]	East Orange, N. J.	W. O. Howard	466	36	1	1	...
Jewish Chronic Disease Hospital [1-2]	Brooklyn, N. Y.	A. M. Rabiner	541	23	2	4	175
Veterans Admin. Hospital [1-2]	Brooklyn, N. Y.	M. N. Margulies	252	15	1	1	...
Fordham Hospital [1-2]	New York City	J. H. Friedman	113	4	1	1	165
Goldwater Memorial Hospital New York University Division III [1-2]	New York City	I. S. Freiman	206	6	1	3	165
Lenox Hill Hospital [1-2]	New York City	A. Bell	387	10	1	1	180
New York Medical College—Metropolitan Medical Center Metropolitan Hospital [1-2]	New York City	I. Tarlov	150	1	1	3	165
Veterans Admin. Hospital (Bronx) [1-2]	New York City	W. Brown	436	16	2	5	...
Veterans Admin. Hospital (Manhattan) [1-2-253]	New York City	R. E. Peck	300	26	4	8	...
Graduate Hospital of the University of Pennsylvania [1-2]	Philadelphia	A. Tornay	303	9	2	2	...
Teaching Hospitals of the Medical College of South Carolina	Charleston, S. C.	O. R. Talbert	134	2	1	1	137
Medical College Hospital			...	...	...	...	...
Roper Hospital			...	...	...	...	...
City of Memphis Hospital [1-2]	Memphis, Tenn.	N. Gotten	60	1	1	2	150
University of Texas Medical Branch Hospitals [1-2]	Galveston, Texas	T. Harris	Incl. in Psychiatry		1	1	160
Veterans Admin. Hospital [1-2]	Richmond, Va.	A. Davis	336	3	1	3	...

11. OBSTETRICS AND GYNECOLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Obstetrics and Gynecology, as offering acceptable training in the specialty.

Hospitals, 402; Assistant Residencies and Residencies, 2,857

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY									
Letterman Army Hospital [1-2]	San Francisco	H. M. Jesurun	OBG	3,045	5	2	6	3	...
Fitzsimons Army Hospital [1-2]	Denver	J. H. Smith	OBG	2,039	6	2	6	3	...
Army Medical Center [1-2]	Washington, D. C.	H. L. Riva	OBG	3,442	15	4	12	3	...
William Beaumont Army Hospital [2]	El Paso, Texas	A. K. Schoenbacher	OBG	1,502	20	2	6	3	...
Brooke Army Hospital [1-2]	San Antonio, Texas	J. J. Young	OBG	2,937	2	3	9	3	...
Madigan Army Hospital [1-2]	Tacoma, Wash.	H. E. Harrison	OBG	2,310	2	2	6	3	...
Tripler Army Hospital [1-2]	Honolulu, T. H.	E. A. Zimmerman	OBG	5,707	3	2	6	3	...
UNITED STATES NAVY									
U. S. Naval Hospital [1-2]	Oakland, Calif.	R. W. Tandy	OBG	3,886	2	3	11	3	...
U. S. Naval Hospital [1]	San Diego, Calif.	W. S. Baker, Jr.	OBG	5,318	6	4	13	3	...
U. S. Naval Hospital [1-2]	Great Lakes, Ill.	R. A. Christenson	OBG	2,222	..	2	5	3	...
U. S. Naval Hospital [1-2]	Bethesda, Md.	T. R. Lebherz	OBG	2,965	..	4	8	3	...
U. S. Naval Hospital [1-2]	Chelsea, Mass.	M. A. Godinez	OBG	1,859	..	2	4	3	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	J. W. Huston	OBG	2,134	..	4	7	3	...
U. S. Naval Hospital [1-2]	Philadelphia	H. J. Hunter	OBG	2,674	..	1	4	3	...
U. S. Naval Hospital [1-2]	Portsmouth, Va.	D. A. Callagan	OBG	6,717	5	4	10	3	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE									
Freedmen's Hospital [1-2]	Washington, D. C.	J. F. Clark	OBG	4,997	5	1	6	3	300
SOMFEDERAL									
Carraway Methodist Hospital [1]	Birmingham, Ala.	T. M. Boulware	OB	2,674	1	1	1	1	250
University of Alabama Medical Center University Hospital and Hillman Clinic [1-2]	Birmingham, Ala.	W. N. Jones	OBG	6,880	3	4	9	3	108
Lloyd Noland Hospital [1-2-51]	Fairfield, Ala.	O. T. West	OBG	1,815	2	1	3	3	250
Good Samaritan Hospital [1]	Phoenix, Ariz.	C. Van Epps	OBG	3,727	2	..	2	1	300
Maricopa County General Hospital [1-2]	Phoenix, Ariz.	E. Sattenspiel	OBG	1,696	..	..	2	3	300
St. Joseph's Hospital [1-2]	Phoenix, Ariz.	Z. Campbell	OBG	6,251	1	1	3	3	250
University Hospital [1-2]	Little Rock, Ark.	W. E. Brown	OBG	4,542	7	4	13	3	155
Kern County General Hospital [1]	Bakersfield, Calif.	L. Smale	OBG	2,735	8	2	4	2	325
Herrick Memorial Hospital [1-2]	Berkeley, Calif.	F. E. Younge	OBG	2,486	..	1	1	1	175
San Joaquin General Hospital [1]	French Camp, Calif.	D. Harrington	OBG	2,118	1	1	3	3	200

Numerical and other references will be found on pages 582 through 642.

11. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
General Hospital of Fresno County [1-2]	Fresno, Calif.	H. L. Tieche	OBG	4,835	4	1	3	3	$300
Glendale Sanitarium and Hospital [1]	Glendale, Calif.	J. B. Brown	OBG	2,650	2	1	2	2	325
Seaside Memorial Hospital [1-2-10]	Long Beach, Calif.	P. B. Hartley	OB	3,201	..	1	1	1	165
California Hospital [1-2]	Los Angeles	G. W. Hewitt	OBG	3,629	4	4	10	3	225
Cedars of Lebanon Hospital [1-2-10]	Los Angeles	L. Krohn- G. Rosenblum	OBG	4,750	4	2	5	3	295
Hospital of The Good Samaritan [1-2]	Los Angeles	S. M. Marthas	OBG	3,436	3	1	3	3	250
Kaiser Foundation Hospital	Los Angeles	T. H. Baker	OBG	4,786	1	3	9	3	275
Los Angeles County Hospital [1]	Los Angeles	B. J. Hanley	OBG	24,785	42	4	16	3	246
Presbyterian Hospital-Olmsted Memorial [1-2]	Los Angeles	R. R. Herren- E. A. Pearson	OBG	2,441	..	3	5	3	300
Queen of Angels Hospital [1-2]	Los Angeles	R. F. Kelly	OBG	6,435	5	2	6	3	300
University of California Hospital [1-2-25-29]	Los Angeles	D. G. Morton	OBG	1,577	10	2	8	3	229
White Memorial Hospital [1-2-10]	Los Angeles	E. E. Nichols	OBG	2,830	3	2	6	3	215
Highland-Alameda County Hospital [1-2-72]	Oakland, Calif.	G. F. Calvin	OBG	8,825	9	2	6	3	300
Kaiser Foundation Hospital [1-2]	Oakland, Calif.	R. W. King	OBG	4,185	5	3	9	3	315
Mercy Hospital [1-2]	San Diego, Calif.	P. L. Martin	OBG	7,659	4	2	4	3	225
San Diego County General Hospital [1-2]	San Diego, Calif.	J. A. Rust	OBG	1,169	2	1	3	3	250
Children's Hospital [1-2]	San Francisco	D. A. Dallas	OBG	2,204	..	1	2	3	175
Kaiser Foundation Hospital [1-2]	San Francisco	H. B. Nelson	OBG	3,753	11	2	6	3	300
Mary's Help Hospital [1-2]	San Francisco	C. L. Cooley	OBG	2,412	1	1	2	2	300
St. Francis Memorial Hospital [1-2]	San Francisco	C. D. Hart	OBG	2,558	1	2	2	3	300
St. Joseph's Hospital [1-2]	San Francisco	H. Von Geddern	OBG	1,852	..	1	1	1	300
St. Luke's Hospital [1-2]	San Francisco	J. Upton	OBG	1,942	1	1	3	2	325
St. Mary's Hospital [1-2]	San Francisco	P. H. Arnot	OBG	2,780	1	1	3	3	300
San Francisco Hospital- University of California Service [1]	San Francisco	E. C. Hill	OBG	1,388	7	2	3	1	305
Stanford University Affiliated Hospitals			OBG	.....	..	..	..	3	....
San Francisco Hospital- Stanford University Service [1]	San Francisco	P. B. Hoffman	.....	1,407	6	3	4	..	305
Stanford University Hospital [1-2-75]	San Francisco	C. E. McLennan	.....	2,020	4	4	11	..	100
Community Hospital of San Mateo County [1]	San Mateo, Calif.	N. D. Morrison, Jr.	OBG	653	..	..	2	1	300
University of California Hospitals [1-75]	San Francisco	E. W. Page	OBG	2,517	4	4	12	3	231
Santa Clara County Hospital [1-2]	San Jose, Calif.	C. C. Muir	OBG	1,575	5	2	6	3	300
St. John's Hospital [1-2]	Santa Monica, Calif.	B. H. Watson	OBG	5,388	3	2	2	2	300
Harbor General Hospital [1]	Torrance, Calif.	D. G. Morton	OBG	3,291	11	3	7	3	346
Presbyterian Hospital [1-2]	Denver	M. C. Waddell	OBG	3,154	1	1	1	1	275
St. Joseph's Hospital [1-2]	Denver	W. W. Tucker	OBG	4,808	8	3	3	3	300
University of Colorado Medical Center-			OBG	.....	..	..	..	3	....
Colorado General Hospital [1-2]	Denver	E. S. Taylor	.....	1,975	4	4	11	..	180
Denver General Hospital [1-2]	Denver	N. P. Isbell	.....	2,078	1	..	..	1	170
Bridgeport Hospital [1-2]	Bridgeport, Conn.	C. Grisold	OB	3,547	..	2	2	1	240
St. Vincent's Hospital [1-2]	Bridgeport, Conn.	F. Kinder	OB	4,023	1	2	4	2	300
Hartford Hospital [1-2]	Hartford, Conn.	L. F. Middlebrook	OBG	8,024	4	1	3	3	125
St. Francis Hospital [1-2]	Hartford, Conn.	F. X. Fagan	OBG	5,040	5	1	3	3	175
New Britain General Hospital [1-2]	New Britain, Conn.	D. A. Bristoll	OBG	2,200	1	1	3	3	210
Grace-New Haven Community Hospital [1-2]	New Haven, Conn.	C. L. Buxton- J. A. Florito	OBG	7,025	4	4	12	3	140
Hospital of St. Raphael	New Haven, Conn.	C. B. Johnson	OBG	4,222	3	2	5	3	150
Lawrence and Memorial Hospitals [1-2]	New London, Conn.	E. H. Blank	OBG	3,049	4	3	3	1	250
Norwalk Hospital [1-2]	Norwalk, Conn.	E. G. Norrington	OBG	2,619	..	1	1	1	195
Delaware Hospital [1-2-111]	Wilmington, Del.	S. W. Rennie	OBG	5,060	4	1	2	3	220
Columbia Hospital for Women and Lying-In Asylum [1-2]	Washington, D. C.	S. W. Hawken- H. J. R. McNitt	OBG	7,745	4	3	9	3	150
District of Columbia General Hospital [1-2]	Washington, D. C.	J. Parks- A. Marchetti	OBG	8,300	8	4	8	3	233
Doctors Hospital [1-2]	Washington, D. C.	J. K. Cromer	OBG	2,579	10	2	3	3	300
Georgetown University Hospital [1-2]	Washington, D. C.	A. A. Marchetti	OBG	4,702	4	3	7	3	175
George Washington University Hospital [1-2]	Washington, D. C.	R. Barter	OBG	6,397	6	3	6	3	150
Providence Hospital [2]	Washington, D. C.	G. Ellis	OBG	4,257	..	1	3	3	250
Sibley Memorial Hospital [1-2]	Washington, D. C.	M. Kaufman	OBG	3,295	1	1	3	2	300
Washington Hospital Center [1-2]	Washington, D. C.	W. D. Terrell	OBG	4,986	11	2	8	3	215
Duval Medical Center [1-2]	Jacksonville, Fla.	R. W. McDowell- D. M. Baldwin	OBG	2,587	3	2	4	3	150
St. Luke's Hospital [1-2]	Jacksonville, Fla.	R. W. McDowell	OBG	3,250	1	1	4	2	225
St. Vincent's Hospital [1]	Jacksonville, Fla.	J. L. Allgood- V. A. Hughes	OBG	4,406	..	2	4	3	225
Jackson Memorial Hospital [1-2]	Miami, Fla.	J. H. Ferguson	OBG	8,452	8	6	15	3	75
Mount Sinai Hospital of Greater Miami [1-2]	Miami Beach, Fla.	H. Kraft	OBG	1,300	..	1	2	2	250
St. Francis Hospital [1-2]	Miami Beach, Fla.	J. A. Heffernan	OBG	2,151	1	1	1	1	215
Orange Memorial Hospital [1]	Orlando, Fla.	F. M. Parsh- R. L. Tolle	OBG	4,979	1	1	3	3	225
Mound Park Hospital [1-10]	St. Petersburg, Fla.	W. B. Estes	OBG	2,492	1	1	1	1	200
Tampa General Hospital [1]	Tampa, Fla.	C. G. Rorebeck	OBG	4,087	29	2	6	3	250
Crawford W. Long Memorial Hospital [1-2]	Atlanta, Ga.	E. K. Hancock	OBG	8,401	4	5	8	3	250
Georgia Baptist Hospital [1]	Atlanta, Ga.	E. D. Colvin	OBG	6,374	1	2	6	3	305
Grady Memorial Hospital [1]	Atlanta, Ga.	J. B. Cross	OBG	9,258	7	5	15	3	100
Piedmont Hospital [1-2]	Atlanta, Ga.	C. B. Upshaw	OBG	2,980	..	2	2	2	200
St. Joseph's Infirmary [1-2]	Atlanta, Ga.	W. V. Skiles	OBG	2,897	2	1	3	3	270
Medical College of Georgia Hospitals			OBG	.....	..	..	..	3	....
Eugene Talmadge Memorial Hospital [1-2]	Augusta, Ga.	R. Torpin	.....	1,187	..	1	4	2	250
University Hospital [1]	Augusta, Ga.	W. G. Watson	.....	4,303	25	1	3	..	300
Macon Hospital [1]	Macon, Ga.	E. Swilling- F. Houser	.....	6,039	3	1	3	..	250
Memorial Hospital of Chatham County [1-2]	Savannah, Ga.	H. C. Frech	OBG	1,512	5	1	2	2	250
Augustana Hospital [1-2]	Chicago	W. A. Boice	OB	1,298	1	2	2	1	150
Chicago Maternity Center [1-2-12]	Chicago	B. E. Tucker- H. B. Benaron	OB	3,885	..	3	11	1	150
Cook County Hospital	Chicago	A. Webster- F. H. Falls	OBG	20,172	22	10	20	3	140
Englewood Hospital [2]	Chicago	C. D. Krause	OB	2,217	..	1	1	1	200
Frank Cuneo Memorial Hospital	Chicago	A. Daro	OBG	2,050	..	1	2	1	150

Numerical and other references will be found on pages 640 through 642.

195
V. 1

11. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Autopsies	First Year Residencies Offered	Total Residencies Offered	Length of Approved Program (Years)	Beginning Stipend (Month)
Grant Hospital [1-3]	Chicago	J. P. Fitz-Gibbons	OBG	2,231	5	1	2	2	225
Hospital of St. Anthony De Padua [1-3]	Chicago	J. J. Donlon	OB	1,747	1	2	2	1	250
Illinois Masonic Hospital [1-3]	Chicago	F. J. Roos	OBG	3,116	3	2	2	1	115
Lewis Memorial Maternity Hospital [1-2-126]	Chicago	H. E. Schmitz	OBG	4,434	9	6	14	3	75
Lutheran Deaconess Home and Hospital [1]	Chicago	A. D. Green	OB	1,608	..	1	1	1	200
Mercy Hospital [1-2-126]	Chicago	H. E. Schmitz	OBG	2,055	8	..	3	3	200
Michael Reese Hospital [1-3]	Chicago	L. Frankenthal	OBG	4,980	..	2	7	3	125
Mount Sinai Hospital [1-3]	Chicago	C. Fields	OBG	3,309	2	2	5	3	225
Northwestern University Medical Center									
Chicago Wesley Memorial Hospital [1-3]	Chicago	G. Gardner	OBG	3,380	2	2	7	3	125
Passavant Memorial Hospital [1-3]	Chicago	J. I. Brewer	OBG	2,235	1	2	4	3	125
Evanston Hospital [1-3]	Evanston, Ill.	D. N. Danforth	OBG	3,047	2	1	3	3	225
Presbyterian-St. Luke's Hospital									
Presbyterian Hospital Division	Chicago	H. Boysen	OBG	2,866	3	2	6	3	125
St. Luke's Hospital Division [1-3]	Chicago	E. A. Edwards	OBG	2,446	3	2	6	3	125
Provident Hospital [1-3]	Chicago	R. C. Stepto	OBG	3,211	22	2	5	3	200
St. Anne's Hospital [1-3]	Chicago	R. J. Haskins	OB	3,262	..	6	6	1	250
St. Elizabeth Hospital [3]	Chicago	F. J. Walsh	OBG	3,207	..	1	1	1	200
St. Joseph Hospital [1-3]	Chicago	C. J. Geiger	OBG	1,919	..	1	3	3	200
Swedish Covenant Hospital	Chicago	G. L. Rosene	OB	1,861	2	2	2	1	240
University of Chicago Clinics [1-3]	Chicago	M. F. Davis	OBG	5,425	13	11	20	3	200
Billings Hospital									
Chicago Lying-in Hospital and dispensary									
University of Illinois Research and Educational Hospitals [1]	Chicago	W. F. Mengert	OBG	3,747	7	3	9	3	140
St. Francis Hospital [1]	Evanston, Ill.	J. X. Bremner	OBG	4,367	3	1	3	3	210
Little Company of Mary Hospital [1-3]	Evergreen Park, Ill.	P. E. Lawler							
		W. T. Carlisle	OBG	6,806	1	3	9	3	175
St. Francis Hospital	Peoria, Ill.	W. S. Miller	OBG	4,706	3	1	2	2	225
St. Anthony Hospital [1-3]	Rockford, Ill.	G. T. Burns	OBG	1,897	..	1	1	1	300
Indiana University Medical Center						4	16	..	
Indianapolis General Hospital [1-3]	Indianapolis	C. P. Gillespie	OBG	4,367	10	..	..	3	205
Indiana University Medical Center Hospital [1]	Indianapolis	C. P. Huber	OBG	4,672	5	..	..	3	165
Methodist Hospital [1]	Indianapolis	L. Clark	OBG	9,345	9	2	4	3	270
St. Vincent's Hospital [1-3]	Indianapolis	P. F. Muller	OBG	3,650	1	1	3	3	275
St. Elizabeth Hospital [1-3]	Lafayette, Ind.	F. W. Peyton	OBG	2,700	..	2	3	3	275
State University of Iowa Hospitals [1-3]	Iowa City	J. H. Randall	OBG	2,849	7	3	9	3	175
University of Kansas Medical Center [1-3]	Kansas City, Kan.	L. A. Calkins	OBG	2,873	8	2	8	3	125
St. Francis Hospital [1-3]	Wichita, Kan.	L. E. Woodard	OBG	5,681	1	1	3	1	275
Wesley Hospital [1-3]	Wichita, Kan.	J. S. Menaker	OBG	5,510	..	1	1	1	310
St. Joseph Hospital [3]	Lexington, Ky.	J. H. Stith	OBG	1,455	..	1	1	1	200
Louisville General Hospital [1-3]	Louisville, Ky.	D. M. Haynes	OBG	4,020	2	3	9	3	105
St. Joseph Infirmary [1-3]	Louisville, Ky.	O. J. Hayes	OBG	4,894	4	1	3	3	210
Charity Hospital of Louisiana									
Independent Unit [1]	New Orleans	A. Jacobs	OBG	5,103	8	3	9	3	100
Louisiana State University Unit [1]	New Orleans	M. L. McCall	OBG	8,700	4	6	16	3	100
Tulane University Unit [1]	New Orleans	C. G. Collins	OBG	7,185	17	6	16	3	100
Hotel Dieu—Sister's Hospital	New Orleans	J. M. Brocato	OBG	3,780	1	2	2	1	225
Ochsner Foundation Hospital [1-3-154]	New Orleans	C. Tyrone	OBG	1,401	1	2	6	3	225
Southern Baptist Hospital [1-157]	New Orleans	J. Collins	OBG	7,544	1	2	6	3	225
Touro Infirmary [1]	New Orleans	W. E. Levy							
		C. G. Johnson	OBG	3,819	1	3	6	3	125
Confederate Memorial Medical Center [1]	Shreveport, La.	E. F. Dilworth	OBG	6,504	3	3	9	3	125
Baltimore City Hospitals [1-3]	Baltimore	P. E. Mokumphy	OBG	6,302	7	6	18	3	75
Bon Secours Hospital [3]	Baltimore	H. B. McNally	OBG	3,246	..	1	4	3	300
Church Home and Hospital [1-3]	Baltimore	J. K. B. E. Seezar, Jr.	OB	1,212	..	..	1	1	200
Franklin Square Hospital [1-3]	Baltimore	I. A. Siegel	OBG	2,026	..	2	5	3	225
Hospital for Women [1-3]	Baltimore	J. E. Savage							
		J. D. Woodruff	OBG	5,275	..	8	13	3	220
Johns Hopkins Hospital [1-3]	Baltimore	N. J. Eastman							
		R. W. Te Linde	OBG	6,710	22	11	25	3	160
Lutheran Hospital [1-3]	Baltimore	W. N. Long, Jr.							
		W. K. Diehl	OBG	3,654	31	3	7	3	220
Maryland General Hospital [1-3-162]	Baltimore	D. M. Dixon							
		T. Kardash	OBG	3,305	22	2	6	3	225
Mercy Hospital [1-3]	Baltimore	J. J. Erwin							
		F. K. Morris	OBG	4,295	3	2	5	3	275
St. Agnes Hospital [1]	Baltimore	H. B. McNally							
		J. C. Dumler	OBG	2,846	..	3	6	3	300
St. Joseph's Hospital [3]	Baltimore	J. B. Boyle, Jr.							
		W. A. Dodd	OBG	2,484	2	2	4	3	225
Sinai Hospital [1-3]	Baltimore	I. A. Siegel							
		A. A. Sondheimer	OBG	5,631	3	4	10	3	110
South Baltimore General Hospital [1-3-163]	Baltimore	H. D. Beck							
		F. K. Morris	OB	1,048	..	2	5	2	150
Union Memorial Hospital [1-3-164]	Baltimore	J. M. Hawes	OBG	2,310	1	1	3	3	215
University Hospital [1]	Baltimore	A. L. Haskins	OBG	5,222	5	6	15	3	75
Prince George's General Hospital [1-3]	Cheverly, Md.	J. F. Warren	OBG	3,068	3	2	6	3	200
Beth Israel Hospital [1-3]	Boston	H. H. Rosenfield	OB	2,986	..	2	4	2	167
Boston City Hospital [1-3]	Boston	B. Tenney, Jr.	OBG	5,510	5	6	16	3	132
Boston Lying-In Hospital [1-3—Free Hospital for Women [1-3]	Boston	D. E. Reed							
		G. V. S. Smith	OBG	10,651	11	14	40	3	100
Carney Hospital [3—St. Margaret's Hospital [1-3]	Boston	R. J. Heffernan							
		D. J. McSweeney	OBG	6,086	..	6	14	3	150
Massachusetts Memorial Hospitals [1-3-174]	Boston	L. Parsons	OBG	1,898	14	2	6	3	175
New England Center Hospital [1-3]	Boston	G. W. Mitchell, Jr.	GYN	384	4	1	2	2	100
New England Hospital [1-3]	Boston	M. A. Phillips	OB	1,558	..	2	3	2	85
St. Elizabeth's Hospital [1-3]	Boston	W. J. McDonald	OBG	5,083	..	1	3	3	125
Booth Memorial Hospital [1-3]	Brookline, Mass.	S. C. Kaadon	OB	508	..	2	2	1	250
Cambridge City Hospital [1-3]	Cambridge, Mass.	P. P. McGovern	OBG	2,427	2	1	3	3	160
St. Anne's Hospital [3]	Fall River, Mass.	E. F. Shay	OBG	2,129	3	1	1	1	200
Quincy Hospital [1-3]	Quincy, Mass.	L. H. Van Raalte	OBG	2,285	2	1	2	2	179

Numerical and other references will be found on pages 640 through 642.

11. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Autopsies	First Year Residencies Offered*	Total Residencies Offered*	Length of Approved Program (Year.)	Beginning Stipend (Month)
St. Joseph Mercy Hospital [1-2]	Ann Arbor, Mich.	W. Belser	OBG	2,854	1	2	4	3	$300
University Hospital [1-2]	Ann Arbor, Mich.	N. F. Miller	OBG	4,346	20	12	36	3	300
Oakwood Hospital [1-2]	Dearborn, Mich.	M. S. Dennis	OBG	3,084	143	2	6	3	250
Crittenton General Hospital [2]	Detroit	H. B. Gaston	OBG	4,244	..	2	6	3	400
Detroit Memorial Hospital [1-2]	Detroit	H. F. Jarvis	OBG	2,485	29	1	4	3	425
Evangelical Deaconess Hospital [1-2]	Detroit	L. Braun	OBG	2,005	1	2	4	3	267
Grace Hospital [1-2, 3-22]	Detroit	C. F. Bauer	OBG	8,638	..	4	12	3	275
Harper Hospital [1-2]	Detroit	H. C. Mack	OBG	4,985	2	3	7	3	275
Henry Ford Hospital [1-2]	Detroit	C. P. Hodgkinson	OBG	3,457	30	3	9	3	250
Mount Carmel Mercy Hospital [1-2]	Detroit	J. W. Pichette	OBG	9,017	4	2	8	3	275
Providence Hospital [1-2]	Detroit	H. Henderson	OBG	5,494	1	2	6	3	275
St. John Hospital [1-2]	Detroit	D. Morgan	OBG	5,710	1	2	6	2	325
St. Joseph Mercy Hospital [1]	Detroit	R. Walkowiak	OBG	2,979	..	1	3	3	310
Sinai Hospital [1-2]	Detroit	E. D. Rothman	OBG	3,787	1	2	5	3	275
Wayne University Affiliated Hospitals		C. S. Stevenson	OBG	....	..	..	..	3	....
Herman Kiefer Hospital [1-2]	Detroit	....	....	5,092	..	3	9	..	300
Receiving Hospital [1-2]	Detroit	....	....	1,497	7	4	12	..	300
Woman's Hospital [1-2]	Detroit	C. S. Shelton	....	....	..	..	..	..	....
		H. M. Nelson	OBG	6,535	7	3	12	3	475
Hurley Hospital [1-2]	Flint, Mich.	J. T. Collins	OBG	5,163	6	1	3	3	325
Blodgett Memorial Hospital [1-2]	Grand Rapids, Mich.	A. R. Thompson	OBG	3,647	2	1	2	3	300
Butterworth Hospital [1-2]	Grand Rapids, Mich.	E. G. Preston	OBG	5,204	5	2	6	3	300
St. Mary's Hospital [1-2]	Grand Rapids, Mich.	C. F. Wenk	OBG	3,936	1	1	3	3	275
Highland Park General Hospital [1-2]	Highland Park, Mich.	R. S. Siddall	OBG	3,410	1	1	3	3	308
Borgess Hospital [1-23]	Kalamazoo, Mich.	E. F. Hersey	OBG	2,654	2	1	2	1	275
Pontiac General Hospital [1-2]	Pontiac, Mich.	M. A. Durfee	OBG	4,287	..	2	5	3	325
St. Joseph Mercy Hospital [1-2]	Pontiac, Mich.	R. Adair	OBG	6,007	1	2	6	3	325
William Beaumont Hospital [1-2]	Royal Oak, Mich.	H. W. Longyear	OBG	4,108	3	2	4	2	300
Saginaw General Hospital [1-2]	Saginaw, Mich.	C. E. Tosbath	OBG	3,102	1	1	3	3	325
Minneapolis General Hospital	Minneapolis	M. T. Mitchell	OBG	1,384	2	1	3	3	250
Northwestern Hospital [1-2]	Minneapolis	E. Ingalls	OBG	3,395	4	1	3	1	300
St. Barnabas Hospital [1-2]	Minneapolis	M. T. Mitchell	OBG	3,681	..	1	2	2	225
St. Mary's Hospital [1]	Minneapolis	E. C. Mandel	OBG	6,095	2	4	6	2	300
Swedish Hospital [1-2]	Minneapolis	E. N. Fitz	OBG	5,470	..	2	2	1	300
University of Minnesota Hospitals [1-2, 3-23]	Minneapolis	J. L. McKelvey	OBG	1,988	7	4	12	3	300
Mayo Foundation	Rochester, Minn.	L. M. Randall	OBG	4,080	3	4	12	3	175
Ancker Hospital [1-2, 23]	St. Paul	A. B. Hasselquist	OBG	1,926	1	1	1	1	220
Charles T. Miller Hospital [1-2]	St. Paul	P. T. Watson	OBG	3,108	1	..	1	1	250
St. Joseph's Hospital [1-2]	St. Paul	J. F. Melancon	OBG	3,270	1	..	2	3	250
University Hospital [1]	Jackson, Miss.	M. Newton	OBG	2,310	2	2	6	3	250
St. Louis County Hospital [1-2]	Clayton, Mo.	K. L. Dorsett	OBG	1,997	4	1	3	3	225
University of Missouri Medical Center [1-2]	Columbia, Mo.	J. S. Roden	OBG	675	3	1	3	3	300
Kansas City General Hospital No. 1 [1-2]	Kansas City, Mo.	R. G. Helman	OBG	1,946	3	1	4	3	300
Kansas City General Hospital No. 2 [1-2]	Kansas City, Mo.	H. L. Gainey	OBG	2,022	3	2	6	3	300
St. Joseph Hospital [1-2]	Kansas City, Mo.	G. T. Miller	OBG	4,180	5	1	3	2	250
St. Luke's Hospital [1-2]	Kansas City, Mo.	H. L. Gainey	OBG	4,143	3	2	4	3	310
Barnes Hospital [1-2]	St. Louis	W. Allen	OBG	6,938	3	4	20	3	50
De Paul Hospital [1-2]	St. Louis	E. G. Hamilton	OBG	4,029	4	1	2	2	200
Homer G. Phillips Hospital [1-2]	St. Louis	S. Mosal	OBG	6,547	13	4	12	3	200
Jewish Hospital [1-2, 3-23]	St. Louis	D. Rothman	OBG	3,145	1	1	4	2	150
Missouri Baptist Hospital [1-2]	St. Louis	G. Anstey	OBG	2,122	1	2	4	1	175
St. John's Hospital [1-2]	St. Louis	M. W. Weir	OB	3,285	..	2	2	1	200
St. Louis City Hospital [1-2, 23]	St. Louis	A. T. Eschner	....	....	..	..	..	..	....
		L. Hartnett	OBG	3,725	2	4	10	3	234
St. Luke's Hospital [1-2]	St. Louis	G. J. L. Wulff, Jr.	OBG	1,319	..	1	3	3	250
St. Mary's Group of Hospitals [1-2]	St. Louis	J. A. Hardy, Jr.	OBG	8,306	6	5	11	3	100
Lincoln General Hospital	Lincoln, Neb.	F. C. Gartlephouse	OBG	1,353	1	2	2	1	250
St. Elizabeth Hospital [1-2]	Lincoln, Neb.	N. T. Thierstein	OBG	3,307	1	1	3	3	320
Creighton University Medical Center		M. E. Grier	OBG	....	..	..	3	..	....
Creighton Memorial-St. Joseph's Hospital	Omaha, Neb.	....	....	3,998	5	2	5	..	240
St. Catherine's Hospital	Omaha, Neb.	....	....	....	..	..	..	..	....
Immanuel Hospital [1-2]	Omaha, Neb.	W. E. Kroupa	OBG	1,425	..	1	1	1	175
University of Nebraska Hospital [1-2, 23]	Omaha, Neb.	R. G. Holly	OBG	1,240	4	2	5	3	200
Cooper Hospital [1-2]	Camden, N. J.	G. B. German	....	....	..	..	..	..	....
		H. P. Shippe	OBG	5,677	2	3	4	3	200
Hackensack Hospital [1-2]	Hackensack, N. J.	R. C. Schretzmann	OB	3,074	..	2	2	1	150
Jersey City Medical Center	Jersey City, N. J.	F. N. Boukrajian	GYN	1,526	9	2	5	2	108
Margaret Hague Maternity Hospital [1-2]	Jersey City, N. J.	J. P. Donnelly	OB	11,074	94	13	21	3	....
Monmouth Memorial Hospital [1-2]	Long Branch, N. J.	W. Shelton	OBG	2,250	1	1	1	3	200
Burlington County Hospital [1-2]	Mount Holly, N. J.	R. H Van Meter	OBG	1,740	..	1	3	3	100
Harrison S. Martland Medical Center [1-2]	Newark, N. J.	J. Pannullo	....	....	..	..	..	..	....
		A. J. Gordon	OBG	3,630	4	2	6	3	102
Newark Beth Israel Hospital [1-2]	Newark, N. J.	A. Lowenstein	OBG	5,206	34	1	3	3	100
St. Michael's Hospital [1-2]	Newark, N. J.	G. W. Hayes	....	....	..	..	..	..	....
		O. Glass	OBG	4,366	2	2	4	3	165
Passaic General Hospital [1-2, 23]	Passaic, N. J.	W. M. Sullivan	OBG	3,482	40	2	2	1	250
Paterson General Hospital [1-2]	Paterson, N. J.	L. E. Throm	....	....	..	..	..	..	....
		P. Rauschenbach	OB	2,629	..	1	1	1	150
Holy Name Hospital [1-2]	Teaneck, N. J.	J. A. Sullivan	OB	2,980	..	1	1	1	300
St. Francis Hospital [1-2]	Trenton, N. J.	J. R. Harman	OBG	3,647	..	1	2	2	240
Bernalillo County Indian Hospital	Albuquerque, N. Mex.	R. V. Religman	OBG	1,311	1	1	3	1	150
Albany Hospital [1-2, 23]	Albany, N. Y.	R. E. L. Nesbitt, Jr.	OBG	5,009	4	3	10	3	100
A. N. Brady Hospital [1-2, 23]	Albany, N. Y.	J. G. Hayes	OB	3,291	..	2	3	2	100
Beth El Hospital [1-2]	Brooklyn, N. Y.	W. Levine	OBG	4,984	3	4	9	3	150
Brooklyn Hospital [1-2]	Brooklyn, N. Y.	J. T. Wallace	OBG	2,848	2	1	3	3	175
Bryan Women's Hospital [1-2]	Brooklyn, N. Y.	J. Hilperin	OBG	3,115	..	4	4	1	125
Coney Island Hospital [1-2]	Brooklyn, N. Y.	M. G. Der Brucke	OBG	1,244	2	..	4	3	165
Cumberland Hospital [1-2]	Brooklyn, N. Y.	C. H. Loughran	OBG	2,780	5	3	6	3	165
Greenpoint Hospital [1-2]	Brooklyn, N. Y.	S. Kaushester	OBG	2,682	..	2	6	3	165
Jewish Hospital [1-2]	Brooklyn, N. Y.	I. Daichman	OBG	6,711	2	2	8	3	100
Kings County Hospital		....	....	....	..	..	..	..	....
Division II [1-2]	Brooklyn, N. Y.	L. M. Hellman	OBG	12,618	25	8	20	3	71
Long Island College Hospital [1-2]	Brooklyn, N. Y.	M. Glass	OBG	3,250	1	2	6	3	150
Lutheran Medical Center [1-2]	Brooklyn, N. Y.	A. S. MacGregor	OBG	2,687	..	1	3	3	125

Numerical and other references will be found on pages 849 through 862.

195
V. 1

11. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Length of Approved Program (Years)	Beginning Stipend (Month)
Maimonides Hospital [1-2]	Brooklyn, N. Y.	E. Solomons	OBG	5,015	1	2	8	3	75
Methodist Hospital [1-2]	Brooklyn, N. Y.	H. S. Acken, Jr.-S. C. Hall	OBG	3,922	?	2	6	3	175
St. Catherine's Hospital [1-2]	Brooklyn, N. Y.	W. C. Meagher	OBG	2,550	?	1	5	3	125
St. John's Episcopal Hospital [1-2]	Brooklyn, N. Y.	C. W. Mueller	OBG	2,083	1	1	3	3	175
St. Mary's Hospital [1-2]	Brooklyn, N. Y.	A. A. Schenone	OBG	2,478	2	1	3	3	200
Unity Hospital [1-2]	Brooklyn, N. Y.	M. Berlind	OBG	2,203	..	2	4	2	125
Wyckoff Heights Hospital [1-2]	Brooklyn, N. Y.	F. W. Benschine	OBG	2,546	1	1	3	1	100
Allied Hospitals of the Sisters of Charity [1-2]	Buffalo	E. G. Winkler	OBG	6,467	6	2	8	3	225
Emergency Hospital				..	..	..	..	..	..
Sisters of Charity Hospital				..	..	..	..	..	..
Buffalo General Hospital [1-2]	Buffalo	C. L. Randall	OBG	2,425	1	2	9	3	175
Deaconess Hospital [1-2]	Buffalo	H. Burwig	OBG	3,362	?	1	3	3	200
Edward J. Meyer Memorial Hospital [1-2-222]	Buffalo	E. G. Winkler	OBG	2,276	?	1	6	3	247
Millard Fillmore Hospital [1-2]	Buffalo	L. F. McLean	OBG	6,528	..	2	6	3	225
Mary Imogene Bassett Hospital [1-2]	Cooperstown, N. Y.	O. J. Severud	OBG	643	..	1	1	3	150
Elmhurst General Hospital [1-2]	Elmhurst, N. Y.	N. J. Schulman-M. Rashbaum	OBG	2,692	..	4	9	3	105
Flushing Hospital and Dispensary [1-2]	Flushing, N. Y.	E. C. Veprovsky	OBG	4,857	1	1	3	3	175
Meadowbrook Hospital [1-2]	Hempstead, N. Y.	G. T. Lilly	OBG	2,281	10	1	4	3	225
Jamaica Hospital [1-2]	Jamaica, N. Y.	M. P. Bates	OBG	2,265	..	1	2	1	150
Mary Immaculate Hospital [1-2]	Jamaica, N. Y.	J. V. Rizzi	OB	2,644	..	1	1	1	100
Queens Hospital Center [1-2]	Jamaica, N. Y.	E. C. Veprovsky	OBG	3,367	11	1	3	3	105
Charles S. Wilson Memorial Hospital [1-2]	Johnson City, N. Y.	S. Nagyfy	OBG	3,051	5	2	4	3	225
North Shore Hospital [1-2]	Manhasset, N. Y.	W. F. Finn	OBG	2,295	1	2	4	3	200
Nassau Hospital [1-2]	Mineola, N. Y.	J. A. Mellow	OBG	4,759	1	1	3	3	225
Mount Vernon Hospital [1-2]	Mount Vernon, N. Y.	N. M. Weinrod	OBG	2,578	4	1	3	3	200
Long Island Jewish Hospital [1-2]	New Hyde Park, N. Y.	A. H. Rosenthal	OBG	2,840	1	1	3	3	75
Bellevue Hospital Center Div. III—New York University College of Medicine [209]	New York City	G. Douglas	OBG	4,561	101	10	20	3	71
Beth Israel Hospital [1-2]	New York City	G. Blinick	OBG	2,984	3	3	6	3	135
Bronx Hospital [1-2]	New York City	A. C. Posner-A. J. Fleischer	OBG	3,109	1	2	6	3	100
Bronx Municipal Hospital Center [1-2]	New York City	S. L. Romney	OBG	1,706	1	4	10	3	125
Fordham Hospital [1-2]	New York City	M. L. Brandt	OBG	2,152	1	2	4	3	105
92nd Street Beth David Hospital [1-2]	New York City	M. D. Speiser	OB	43	1	2	2	1	75
Francis Delafield Hospital [1-2-1]	New York City	H. C. Taylor, Jr.	GYN	291	31	..	5	1	105
French Hospital [1-2]	New York City	C. E. Heaton-H. C. Falk	OBG	1,918	..	2	4	3	110
Harlem Hospital [1-2]	New York City	A. C. Posner-M. L. Bobrow	OBG	6,532	8	2	6	3	105
Hospital For Joint Diseases [1-2]	New York City	E. L. Hecht	GYN	286	..	..	1	1	80
Jewish Memorial Hospital [1-2]	New York City	M. J. Goodfriend	OBG	2,253	1	1	1	1	150
Knickerbocker Hospital [1-2-1]	New York City	A. Decker	GYN	473	3	1	2	1	150
Lenox Hill Hospital [1-2]	New York City	J. C. Kilroe-M. W. Rodgers	OBG	2,881	1	1	3	3	180
Lincoln Hospital [1-2]	New York City	W. H. Godsick	OBG	5,167	2	3	7	3	105
Misericordia Hospital [1-2]	New York City	J. A. Kelly	OB	1,217	..	1	2	2	125
Morrisania City Hospital [1-2]	New York City	A. B. Tamis	OBG	2,424	2	1	4	3	105
Mount Sinai Hospital [1-2]	New York City	A. F. Guttmacher	OBG	7,377	1	12	18	3	75
New York Hospital [1-2]	New York City	R. G. Douglas	OBG	7,888	8	6	22	3	101
New York Infirmary [1-2]	New York City	I. Wildnhs-I. Knowlton	OBG	2,267	4	2	4	3	150
New York Medical College—Metropolitan Medical Center Flower and Fifth Avenue Hospitals [1-2]	New York City	M. L. Stone	OBG	3,736	..	1	3	3	100
Metropolitan Hospital [1-2]	New York City	M. L. Stone	OBG	5,291	12	4	12	3	105
New York Polyclinic Medical School and Hospital [1-2]	New York City	E. H. Dennen-H. H. Landaro	OBG	2,144	6	2	6	3	125
New York University—Bellevue Medical Center University Hospital	New York City	G. Douglas	GYN	564	2	1	2	2	105
Presbyterian Hospital (Sloan Hospital For Women) [1]	New York City	H. C. Taylor	OBG	7,569	5	7	19	3	250
Roosevelt Hospital [1]	New York City	F. H. Smith	GYN	930	4	1	3	2	133
St. Clare's Hospital [1-2-250]	New York City	M. J. Jordan	OBG	2,139	4	2	6	3	200
St. Francis Hospital [1-2]	New York City	J. S. Labate	OBG	3,650	1	1	3	3	125
St. Vincent's Hospital [1-2]	New York City	R. J. Pisani	OBG	4,530	6	2	9	3	125
Sydenham Hospital	New York City	P. M. Murray	OBG	2,074	1	1	3	3	104
Woman's Hospital [1-2]	New York City	C. T. Javert	OBG	6,226	..	8	16	3	100
United Hospital [1-2]	Port Chester, N. Y.	C. N. Jeffries	OB	1,219	..	..	1	1	200
Genesee Hospital [1-2]	Rochester, N. Y.	A. J. Tutelbaum	OBG	3,482	5	2	4	3	175
Blind Hospital [1-2]	Rochester, N. Y.	D. H. Kariher	OBG	2,511	1	1	3	3	175
Rochester General Hospital [1-2]	Rochester, N. Y.	J. C. Potter	OBG	3,724	4	1	3	3	125
St. Mary's Hospital [1-2]	Rochester, N. Y.	F. Dobrzyinski	OBG	4,257	1	1	3	3	250
Strong Memorial—Rochester Municipal Hospital [1-2]	Rochester, N. Y.	C. J. Lund	OBG	4,502	..	4	8	3	117
Ellis Hospital [1-2]	Schenectady, N. Y.	W. Jameson, Sr.	OBG	3,018	1	2	5	2	150
General Hospital [1-2]	Syracuse, N.Y.	M. Hatch	OBG	2,697	..	2	4	2	217
St. Joseph's Hospital [1-2]	Syracuse, N. Y.	L. G. Fournier	OBG	3,005	1	1	2	1	267
State University of New York Upstate Medical Center [1-2]	Syracuse, N. Y.	E. C. Hughes-C. Clark	OBG	14,201	5	4	12	3	233
North Carolina Memorial Hospital [1-2-227]	Chapel Hill, N. C.	R. A. Ross	OBG	854	1	3	10	3	175
Charlotte Memorial Hospital [1]	Charlotte, N. C.	J. H. E. Woltz	OBG	3,936	4	1	2	2	250
Duke Hospital [1-2]	Durham, N. C.	B. Carter	OBG	2,878	8	4	10	3	102
Lincoln Hospital [1-2]	Durham, N. C.	L. R. Swift	OBG	1,033	..	1	1	1	175
Watts Hospital [1-2]	Durham, N. C.	R. L. Pearse	OBG	2,654	1	1	2	1	200
Rex Hospital [1]	Raleigh, N. C.	R. Ruark	OBG	3,471	1	1	2	2	250
St. Agnes Hospital [1]	Raleigh, N. C.	C. D. Egerton	OBG	1,260	1	1	1	1	400
North Carolina Baptist Hospital [1-2]	Winston-Salem, N.C.	F. R. Lock	OBG	3,175	2	2	6	3	166
St. Luke's Hospital [2]	Fargo, N. Dak.	G. W. Hunter	OBG	2,004	..	1	1	3	204
Akron City Hospital [1-2]	Akron, Ohio	E. A. Riemenschneider	OBG	6,521	2	2	7	3	250
Akron General Hospital [1]	Akron, Ohio	N. E. Wentsler	OBG	5,592	..	2	8	3	250
St. Thomas Hospital [1-2]	Akron, Ohio	C. J. Paternite	OBG	3,415	12	2	5	3	250

Numerical and other references will be found on pages 560 through 562.

11. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Autopsies	First Year Residencies Offered*	Total Residencies Offered*	Length of Approved Program (Years)	Beginning Salary (Month)
Aultman Hospital [1-2]	Canton, Ohio	W. M. Dowlin	OBG	5,758	4	3	5	3	275
Mercy Hospital [1-2]	Canton, Ohio	N. Lewis	OBG	4,483	22	2	8	3	300
Bethesda Hospital [1-2]	Cincinnati	R. D. Bryant- R. Eddy	OBG	5,818	13	2	5	3	300
University of Cincinnati College of Medicine Hospital Group									
Cincinnati General Hospital [1-2]	Cincinnati	S. Garber-L. Bossert	OBG	5,447	1	2	8	3	300
Cleveland Clinic Hospital [1-2]	Cleveland	H. P. Taylor- J. S. Krieger	OBG	2,344	18	2	8	3	175
Cuyahoga County Hospital [1-2]	Cleveland	A. E. Bennett	OBG	4,117	..	3	12	3	162
Evangelical Deaconess Hospital [1-2]	Cleveland	J. E. Morgan	OBG	3,018	17	1	3	3	175
Fairview Park Hospital [1-2]	Cleveland	E. D. Richards	OBG	4,273	..	2	4	2	200
Huron Road Hospital [1-2]	Cleveland	S. E. Burkhart	OBG	3,900	2	2	6	3	210
Lutheran Hospital [1-2]	Cleveland	R. A. Schroeder	OBG	2,334	1	2	2	2	250
Mount Sinai Hospital [1-2]	Cleveland	G. Gross	OBG	3,121	2	3	7	3	225
St. Alexis Hospital [1-2]	Cleveland	J. E. Silvka	OB	1,561	..	2	2	1	250
St. Ann Hospital [1-2]	Cleveland	A. H. Dindia	OBG	4,634	..	2	4	2	250
St. John's Hospital [1-2]	Cleveland	R. P. Dreyer- G. R. Dieckerhoff	OBG	3,136	2	2	5	2	225
St. Luke's Hospital [1-2]	Cleveland	G. R. Hurd	OBG	4,855	3	2	5	3	140
University Hospitals [1-2]	Cleveland	A. C. Barnes	OBG	7,054	42	3	12	3	150
Mount Carmel Hospital [1-2]	Columbus, Ohio	P. J. Reel- R. F. Daly	OBG	5,059	2	1	3	3	275
Ohio State University Hospitals									
University Hospital [1-2]	Columbus, Ohio	J. C. Ullery	OBG	6,817	8	3	12	3	177
White Cross Hospital [1-2-3]—St. Ann's Hospital for Women [1-2]	Columbus, Ohio	R. M. Inglis- Z. Hollenbeck	OBG	8,695	7	3	12	3	275
Good Samaritan Hospital [1-2]	Dayton, Ohio	N. J. Thompson	OBG	5,649	1	1	3	3	270
Miami Valley Hospital [1-2]	Dayton, Ohio	H. J. Staton	OB	6,080	2	1	1	1	200
Marymount Hospital [1-2]	Garfield Heights, Ohio	B. S. Malasky	OBG	2,231	..	1	2	2	200
Mercy Hospital [1-2]	Hamilton, Ohio	B. J. Lehmann	OBG	3,212	3	2	6	1	200
Lakewood Hospital [1-2]	Lakewood, Ohio	B. Wylie	OBG	3,714	1	3	3	1	200
Lima Memorial Hospital [1-2]	Lima, Ohio	M. A. Mulvania	OBG	2,600	..	2	3	2	275
St. Rita's Hospital [1-2]	Lima, Ohio	V. A. Noble	OBG	3,201	3	1	3	2	400
Maumee Valley Hospital [1-2]	Toledo, Ohio	J. Hillabrand	OB	708	..	1	1	1	285
Mercy Hospital [1-2]	Toledo, Ohio	R. C. King	OBG	3,913	1	1	3	3	275
St. Vincent's Hospital [1-2]	Toledo, Ohio	M. W. Dierhein	OBG	4,344	8	2	4	3	325
Toledo Hospital [1-2]	Toledo, Ohio	O. E. Todd	OBG	4,597	2	2	4	3	275
Trumbull Memorial Hospital [1]	Warren, Ohio	R. E. Meacham	OBG	3,987	..	1	2	3	300
St. Elizabeth Hospital [1-2]	Youngstown, Ohio	J. L. Scarnecchia	OBG	4,704	5	2	5	3	300
St. Anthony Hospital	Oklahoma City	G. Rogers	OBG	5,572	2	1	3	3	300
University of Oklahoma Hospitals			OBG	.....	..	..	..	3	...
University Hospital [1-2]	Oklahoma City	M. J. Server- J. W. Kelso	.....	3,134	1	2	6	..	300
Wesley Hospital [1]	Oklahoma City	J. W. Records	.....	2,916	2	1	1	..	250
St. John's Hospital	Tulsa, Okla.	W. F. Thomas	OBG	6,297	1	2	6	3	175
Emanuel Hospital [1-2]	Portland, Ore.	G. H. Lage	OBG	7,709	24	2	6	3	275
University of Oregon Medical School Hospitals and Clinics [1-2]	Portland, Ore.	R. C. Benson	OBG	1,813	7	1	3	3	125
Abington Memorial Hospital [1-2]	Abington, Pa.	R. D. Porter- C. M. Turman	OBG	4,161	2	1	3	3	150
Allentown Hospital [1]	Allentown, Pa.	F. C. Schaeffer	OBG	4,215	6	1	3	3	225
Altoona Hospital [1-2]	Altoona, Pa.	J. S. Taylor, Jr.	OBG	2,252	..	1	3	1	225
St. Luke's Hospital [1-2]	Bethlehem, Pa.	F. J. Pearson	OBG	3,654	17	1	3	3	275
Geo. F. Geisinger Memorial Hospital [1-2]	Danville, Pa.	R. E. Nicodemus	OBG	1,539	..	1	2	3	175
Thomas M. Fitzgerald Mercy Hospital	Darby, Pa.	J. V. Missett, Jr.	OBG	3,566	1	2	6	3	250
Harrisburg Hospital [1-2]	Harrisburg, Pa.	W. F. Dalley	OBG	5,175	2	2	4	3	250
Albert Einstein Medical Center									
Northern Division	Philadelphia	G. Weinstein	OBG	4,568	2	2	6	3	125
Southern Division [1-2]	Philadelphia	A. First	OBG	2,527	..	1	3	3	125
Chestnut Hill Hospital [1]	Philadelphia	Z. B. Newton	OBG	2,694	..	1	2	2	250
Episcopal Hospital [1-2]	Philadelphia	J. H. Dugger	OBG	3,131	1	2	9	3	150
Frankford Hospital [1-2]	Philadelphia	G. C. Hanna, Jr.	OBG	3,377	80	1	3	3	250
Germantown Dispensary and Hospital [1-2]	Philadelphia	Z. B. Newton	OBG	2,823	1	1	2	3	175
Graduate Hospital of the University of Pennsylvania [1-2]	Philadelphia	S. L. Israel	GYN	564	..	1	2	2	...
Hahnemann Medical College and Hospital [1-2]	Philadelphia	N. F. Paxson	OBG	3,401	8	3	9	3	75
Hospital of the University of Pennsylvania [1-2]	Philadelphia	F. L. Payne	OBG	5,888	11	5	15	3	125
Hospital of the Woman's Medical College of Pennsylvania [1-2]	Philadelphia	A. G. Taylor- M. D. Pettit	OBG	2,730	7	2	6	3	110
Jefferson Medical College Hospital [1-2]	Philadelphia	T. Montgomery- J. Montgomery	OBG	6,051	12	2	8	3	100
Lankenau Hospital [1-2]	Philadelphia	R. B. Wilson	OBG	2,799	3	1	3	3	200
Mercy-Douglass Hospital [1-2]	Philadelphia	H. O. Dickens	OBG	1,138	1	1	2	1	200
Methodist Episcopal Hospital [1-2]	Philadelphia	G. Hahn	OBG	1,719	1	1	3	3	150
Misericordia Hospital [1]	Philadelphia	J. E. Lynch	OBG	2,512	4	1	4	3	250
Pennsylvania Hospital [1-2]	Philadelphia	R. A. Kimbrough	OBG	6,251	7	3	8	3	20
Philadelphia General Hospital [1-2]	Philadelphia	J. Corbit	OBG	7,445	17	3	9	3	121
Presbyterian Hospital [1-2-3]	Philadelphia	J. C. Corbit	OBG	2,442	2	1	3	3	175
St. Mary's Hospital [1]	Philadelphia	M. A. Castallo	OBG	1,992	..	2	2	2	250
Temple University Hospital [1-2]	Philadelphia	J. R. Willson	OBG	5,194	3	4	12	3	...
Woman's Hospital [1]	Philadelphia	A. G. Taylor- R. Angelucci	OBG	2,288	..	2	5	3	175
Health Center Hospitals of the University of Pittsburgh School of Medicine			OBG	.....	..	..	..	3	...
Elizabeth Steel Magee Hospital [1-2]	Pittsburgh	J. R. Eisaman- J. A. Hopp	.....	11,344	13	4	12	..	125
Mercy Hospital [1-2]	Pittsburgh	R. A. Gillis- G. J. Carlin	OBG	3,433	1	1	3	3	225
Montefiore Hospital [1-2]	Pittsburgh	W. J. Finegold	OB	1,848	..	2	2	1	225
Pittsburgh Hospital [1-2]	Pittsburgh	E. A. Conti	OBG	2,474	2	1	3	2	300
St. Francis General Hospital and Rehabilitation Institute [1-2]	Pittsburgh	J. H. Carroll- J. A. Hopp	OBG	3,122	7	2	4	3	225

Numerical and other references will be found on pages 560 through 562.

19 V.

11. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Autopsies	First Year Residencies Offered	Total Residencies Offered	Length of Approved Program (Years)	Beginning Stipend ($/Month)
St. Margaret Memorial Hospital [1-9]	Pittsburgh	R. E. Tafel							
		O. J. Eichhorn	OBG	1,441	2	1	1	2	200
South Side Hospital [1-9]	Pittsburgh	J. New-H. Thomas	OBG	2,569	2	1	2	2	250
Western Pennsylvania Hospital [2]	Pittsburgh	A. C. Williamson	OB	2,171	2	1	1	1	225
Reading Hospital [1-9]	Reading, Pa.	F. B. Nugent	OBG	1,194	2	1	2	2	225
Providence Lying-In Hospital	Providence, R. I.	C. S. Houston	OB	10,155	4	3	3	1	125
Rhode Island Hospital [1-9]	Providence, R. I.	H. C. McDuff, Jr.	GYN	1,209	4	2	4	2	125
Teaching Hospitals of the Medical College of South Carolina	Charleston, S. C.	L. T. Hester, Jr.	OBG	4,435	9	3	7	3	137
Medical College Hospital									
Roper Hospital									
Columbia Hospital of Richland County [1]	Columbia, S. C.	H. H. Fouche	OBG	3,888	2	1	2	3	175
McLeod Infirmary [1]	Florence, S. C.	R. F. Zeigler	OBG	2,716	1	1	1	1	150
Greenville General Hospital [1]	Greenville, S. C.	W. Hearin	OBG	5,608	5	1	3	3	250
Baroness Erlanger Hospital [1-9]	Chattanooga, Tenn.	R. G. Demos	OBG	5,408	4	2	5	3	250
Memorial Hospital [1-9]	Chattanooga, Tenn.	H. E. Jones	OBG	2,716	1	2	2	1	250
University of Tennessee Memorial Research Center and Hospital [1-9]	Knoxville, Tenn.	A. W. Diddle	OBG	1,519	..	1	3	2	200
Baptist Memorial Hospital [1-9-255]	Memphis, Tenn.	B. E. Everett	OBG	5,804	..	1	3	3	300
City of Memphis Hospitals [1-9]	Memphis, Tenn.	P. C. Schreier	OBG	10,270	13	5	15	3	150
St. Joseph Hospital [1-9]	Memphis, Tenn.	H. Feinstein	OBG	3,291	1	1	3	3	250
Baptist Hospital [1-9]	Nashville, Tenn.	S. C. Cowan, Jr.	OBG	5,130	1	2	4	3	300
George W. Hubbard Hospital [1-9]	Nashville, Tenn.	W. F. B. James	OB	1,408	..	2	5	2	150
Nashville General Hospital [1-9]	Nashville, Tenn.	R. L. Chalfant	OBG	1,700	..	2	5	3	175
St. Thomas Hospital [1-9-251]	Nashville, Tenn.	R. W. Pasmer	OBG	2,563	..	1	3	2	200
Vanderbilt University Hospital [1-9]	Nashville, Tenn.	F. E. Whitacre	OBG	2,410	3	3	12	3	50
Brackenridge Hospital [1-9]	Austin, Texas	M. Turner	OBG	2,518	..	..	1	1	200
Baylor University Hospital [1-9]	Dallas, Texas	W. K. Strother, Jr.	OBG	11,397	..	3	7	3	175
Methodist Hospital [1-9]	Dallas, Texas	R. W. Cobb	OBG	5,653	..	2	4	3	200
Parkland Memorial Hospital [1-9]	Dallas, Texas	J. A. Pritchard	OBG	6,857	5	6	14	3	150
St. Paul's Hospital [1-9]	Dallas, Texas	O. V. Prejean	OBG	7,008	7	2	4	3	150
Hotel Dieu-Sisters Hospital [2]	El Paso, Texas	K. S. Kurita	OBG	1,737	1	1	2	2	150
Harris Hospital [1]	Fort Worth, Texas	A. C. Watson	OBG	7,917	..	1	3	1	200
University of Texas Medical Branch Hospitals [1-9]	Galveston, Texas	G. Jarvis	OBG	2,447	4	3	9	3	160
Baylor University College of Medicine Affiliated Hospitals									
Jefferson Davis Hospital [1-9]	Houston, Texas	S. H. Wills	OBG	5,347	10	4	8	3	75
Methodist Hospital [1-9]	Houston, Texas	H. P. Arnold-J. A. Wall	OBG	4,165	4	..	4	3	220
Hermann Hospital [1-9]	Houston, Texas	T. G. Gready-A. M. Faris	OBG	9,438	11	2	6	3	125
University of Texas Postgraduate School of Medicine Affiliated Hospitals									
St. Joseph's Hospital [1-9]	Houston, Texas	J. P. Salerno	OBG	7,913	1	..	5	3	220
St. Luke's Episcopal Hospital [1-2-10]	Houston, Texas	H. L. Gardner	OBG	4,310	2	3	3	1	220
University of Texas M. D. Anderson Hospital and Tumor Institute [1-9-7]	Houston, Texas	F. Rutledge	GYN	598	25	..	3	1	300
Baptist Memorial Hospital [1-9]	San Antonio, Texas	J. Worsham	OBG	6,373	2	1	2	2	150
Robert B. Green Memorial Hospital [1-9]	San Antonio, Texas	G. G. Passmore	OBG	4,910	9	2	6	3	150
Thomas D. Dee Memorial Hospital [1-201]	Ogden, Utah	V. L. Ward	OBG	3,443	..	1	3	3	325
Dr. W. H. Groves Latter-Day Saints Hospital [1-9]	Salt Lake City	C. L. Vance	OBG	7,438	2	2	4	2	250
Holy Cross Hospital [1-2]	Salt Lake City	M. S. Coombs	OBG	3,005	..	1	3	3	175
Salt Lake County General Hospital [2]	Salt Lake City	E. G. Holmstrom	OBG	941	1	..	3	3	220
University of Vermont Affiliated Hospitals			OBG				3	3	
De Goesbriand Memorial Hospital	Burlington, Vt.	W. Slavin		1,671	2	1	2	3	167
Mary Fletcher Hospital [1-2-202]	Burlington, Vt.	J. V. S. Meek	OBG	1,859	4	1	3	..	200
Alexandria Hospital [2]	Alexandria, Va.	H. Picot	OBG	4,735	2	2	2	2	275
Arlington Hospital [1-9]	Arlington, Va.	J. B. Jacobs	OBG	3,373	..	2	2	1	215
University of Virginia Hospital [1-9]	Charlottesville, Va.	W. N. Thornton, Jr.	OBG	3,534	..	2	8	3	50
Riverside Hospital [1-9]	Newport News, Va.	W. J. Bazzo	OBG	2,872	1	1	2	3	250
De Paul Hospital [1-9]	Norfolk, Va.	J. R. Kight	OBG	4,621	4	2	4	3	200
Norfolk General Hospital [1-9]	Norfolk, Va.	M. D. Andrews-B. D. Jones	OBG	4,900	3	2	4	3	215
Johnston-Willis Hospital [1-9]	Richmond, Va.	E. Rucker	OBG	1,709	..	1	1	1	250
Medical College of Virginia — Hospital Division [1-9]	Richmond, Va.	H. H. Ware, Jr.-R. H. Hoge	OBG	9,500	5	4	12	3	75
Doctors Hospital [1-9]	Seattle	W. C. Knudson	OBG	2,330	..	1	2	1	250
King County Hospital Unit No. 1 (Harborview) [1]	Seattle	R. R. DeAlvarez	OBG	1,728	10	2	6	3	125
Providence Hospital [1-9]	Seattle	E. T. MacCamy	OB	2,906	1	1	1	1	215
Swedish Hospital [1-9]	Seattle	J. Thorp	OBG	4,013	..	2	2	1	225
Virginia Mason Hospital [1-9]	Seattle	O. G. Rose	OBG	2,671	..	1	1	1	150
Sacred Heart Hospital [2]	Spokane, Wash.	D. M. Bush	OBG	5,421	5	1	3	3	250
St. Luke's Hospital [2]	Spokane, Wash.	D. W. Robinson	OBG	1,680	..	1	1	1	225
Memorial Hospital [1-9]	Charleston, W. Va.	J. L. Crites	OBG	2,512	2	2	2	1	225
St. Mary's Hospital [1-272]	Madison, Wis.	G. C. Hank	OBG	3,246	..	1	1	1	225
University Hospitals [1-9-270]	Madison, Wis.	B. Peckham	OBG	877	6	2	8	3	100
Columbia Hospital [1]	Milwaukee	L. T. Servis	OB	1,477	..	2	2	1	245
Milwaukee County Hospital [1-9-250]	Milwaukee	R. E. Urdan	OBG	3,053	14	2	6	3	250
Milwaukee Hospital [1-2-277]	Milwaukee	F. J. Rolnicter	OBG	4,504	2	2	4	3	270
Mount Sinai Hospital [2]	Milwaukee	R. E. Urdan	OBG	3,673	..	1	3	1	300
St. Joseph's Hospital [1-9]	Milwaukee	J. A. Klieger	OBG	7,141	2	2	6	3	280
St. Luke's Hospital [1-9]	Milwaukee	J. Evrard	OBG	1,876	6	3	3	1	175
St. Mary's Hospital [1-9-270]	Milwaukee	D. Werner-J. D. Owen	OBG	6,158	1	1	3	2	200
Gorgas Hospital [1]	Ancon, C. Z.	I. J. Strumpf	OBG	2,290	5	1	3	3	345
Kapiolani Maternity and Gynecological Hospital [1-9]									
St. Francis Hospital [1-9]	Honolulu, T. H.	F. Carty-E. Matsuoka	OBG	8,091	..	3	7	3	150
Queen's Hospital [1-9]	Honolulu, T. H.	R. Sakimoto	OBG	3,581	1	2	3	2	150
Bayamon Charity District Hospital [1-9]	Bayamon, P. R.	E. Arandes	OBG	2,795	8	2	3	1	250
Ponce District General Hospital [1]	Ponce, P. R.	A. H. Torres	OBG	2,020	6	1	1	1	250
San Juan City Hospital [1-9]	San Juan, P. R.	R. Gil	OBG	6,128	9	3	9	3	150

Numerical and other references will be found on pages 940 through 942.

12. OCCUPATIONAL MEDICINE

The programs in Occupational Medicine which have been approved by the Council and the American Board of Preventive Medicine through the Residency Review Committee for Preventive Medicine, will be found listed under Preventive Medicine, page 613

13. OPHTHALMOLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Ophthalmology through the Residency Review Committee for Ophthalmology, as offering acceptable training in the specialty.

Hospitals, 108; Assistant Residencies and Residencies, 724

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered*	Total Residencies Offered*	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY								
Letterman Army Hospital [1-3]	San Francisco	R. Kelley	980	20,108	2	6	3	...
Fitzsimons Army Hospital [1-3]	Denver	J. W. Passmore	278	13,057	1	3	3	...
Army Medical Center [1-3]	Washington, D. C.	A. Lowrey, Jr.	524	30,818	3	9	3	...
Brooke Army Hospital [1-3]	San Antonio, Texas	W. L. Spaulding	466	16,354	2	6	3	...
UNITED STATES NAVY								
U. S. Naval Hospital [1-3]	Oakland, Calif.	K. J. Palmberg	388	7,286	1	1	3	...
U. S. Naval Hospital [1]	San Diego, Calif.	R. P. Nadbath	408	17,993	2	5	3	...
U. S. Naval Hospital [1-3]	Bethesda, Md.	S. J. Ryan	1,055	6,197	2	3	3	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	D. A. Mills	173	5,278	1	1	3	...
U. S. Naval Hospital [1-3]	Philadelphia	W. L. Smith	310	7,480	1	4	3	...
UNITED STATES PUBLIC HEALTH SERVICE								
U. S. Public Health Service Hospital [1-3]	San Francisco	W. W. Richards	139	3,486	1	1	3	...
U. S. Public Health Service Hospital [1-3]	New Orleans	W. E. Hoyle	146	5,294	..	3	3	...
U. S. Public Health Service Hospital [1-3]	Baltimore	W. P. Griffey	140	4,018	1	3	3	...
U. S. Public Health Service Hospital [1-3]	Stapleton, S. I., N. Y.	J. B. Peebles	252	5,737	1	3	3	...
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE								
Freedmen's Hospital [1-3]	Washington, D. C.	C. L. Cowan	85	3,111	1	2	3	308
NONFEDERAL AND VETERANS ADMINISTRATION								
University of Alabama Medical Center			.....	.....	..	..	3	...
University Hospital and Hillman Clinic [1-3]	Birmingham, Ala.	S. J. Kelley-C. P. Grant	501	6,747	1	6	..	108
Veterans Admin. Hospital [1-3]	Birmingham, Ala.	R. B. Burroughs	73	232	1	1	..	...
Veterans Admin. Hospital [1-3]	Tuskegee, Ala.	H. G. Driggins	134	508	1	3	3	...
Arkansas Baptist Hospital [1-3]	Little Rock, Ark.	R. C. Cook	587	.....	1	3	3	325
General Hospital of Fresno County [1-3]	Fresno, Calif.	R. J. Eckdahl	164	5,345	1	2	2	300
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	G. C. Struble	222	2	1	3	3	...
Los Angeles County Hospital [1]	Los Angeles	W. Endres	600	25,700	2	6	3	246
Los Angeles Eye and Ear Hospital [1-3-24]	Los Angeles	O. H. Ellis	334	5,726	3	6	2	160
University of California Hospital [1-3]	Los Angeles	S. R. Irvine	250	5,833	1	3	3	229
Veterans Admin. Hospital [1-3]	Los Angeles	C. S. Mumma	468	10,763	..	3	3	...
White Memorial Hospital [1-3]	Los Angeles	S. B. Brownberger	290	8,602	1	2	3	215
Highland—Alameda County Hospital [1-3]	Oakland, Calif.	M. E. Gump	253	5,782	1	2	3	300
Stanford University Hospitals [1-3-75]	San Francisco	D. K. Pischel	551	7,977	1	3	3	100
University of California Hospitals [1-75]	San Francisco	F. C. Cordes	547	12,410	4	12	3	231
Veterans Admin. Hospital [1-3]	San Francisco	M. Pine- D. O. Harrington	317	1,359	1	3	3	...
Harbor General Hospital [1]	Torrance, Calif.	S. R. Irvine	198	5,743	1	3	2	246
University of Colorado Medical Center			.....	.....	..	..	3	...
Colorado General Hospital [1-3]	Denver	J. C. Long	176	13,242	2	6	..	180
Denver General Hospital [1-3]	Denver	G. A. Filmer	73	1	..	..	..	179
Grace—New Haven Community Hospital [1-3]	New Haven, Conn.	R. M. Fasanella	500	6,500	1	3	3	140
District of Columbia General Hospital [1-3]	Washington, D. C.	E. Cummings-R. A. Cox	155	4,977	1	2	2	288
Georgetown University Medical Center			.....	.....	..	..	3	...
Georgetown University Hospital [1-3]	Washington, D. C.	E. J. Cummings	180	4,220	1	3	..	175
Veterans Admin. Hospital [1-3]	Washington, D. C.		.....	.....	..	..	..	...
Washington Hospital Center [1-3-171]	Washington, D. C.	G. V. Simpson	2,416	33,358	3	7	3	215
Jackson Memorial Hospital [1-3]	Miami, Fla.	E. Norton	645	7,222	2	6	3	75
Grady Memorial Hospital [1]	Atlanta, Ga.	F. P. Calhoun, Jr.	584	18,010	2	6	3	100
Medical College of Georgia Hospitals			.....	.....	..	..	3	...
Eugene Talmadge Memorial Hospital [1-3]	Augusta, Ga.	J. Fair	134	798	1	2	..	250
Chicago Eye, Ear, Nose and Throat College and Hospital	Chicago	O. B. Nugent	361	11,473	2	5	2	160
Cook County Hospital	Chicago	T. N. Zekman	542	16,103	3	7	2	140
Illinois Eye an I Ear Infirmary [1-3]	Chicago	(See University of Illinois Hospitals)						
Michael Reese Hospital [1-3]	Chicago	T. M. Shapira	344	5,875	2	4	2	125
Northwestern University Medical Center			.....	.....	..	..	3	...
Chicago Wesley Memorial Hospital [1-3]	Chicago	W. A. Mann	304	.....	1	2	..	125
Passavant Memorial Hospital [1-3]	Chicago	D. Vail	426	500	2	2	..	125
Veterans Admin. Research Hospital [1-3]	Chicago	D. Vail	175	5,686	..	2	..	...
Presbyterian-St. Luke's Hospital								
Presbyterian Hospital Division [1-3]	Chicago	W. F. Hughes, Jr.	291	.....	1	2	2	125
St. Luke's Hospital Division [1-3]	Chicago	E. H. Merz	367	1,558	1	2	2	125
University of Chicago Clinics [1-3]	Chicago	F. W. Newell	376	7,987	1	3	3	300
University of Illinois Hospitals		W. F. Hughes	.....	.....	..	..	3	...
Illinois Eye and Ear Infirmary	Chicago		1,479	61,912	6	18	..	140
Research and Educational Hospitals [1-3]	Chicago		322	9,676	2	3	..	140
Evanston Hospital [1-3]	Evanston, Ill.	G. R. Soper	135	1,104	..	1	2	225
Veterans Admin. Hospital [1-3]	Hines, Ill.	W. A. Mann	340	226	2	4	2	...
Indiana University Medical Center			.....	.....	4	12	3	...
Indianapolis General Hospital [1-3]	Indianapolis	M. Bartby	211	9,368	..	..	..	205
Indiana University Medical Center Hospital [1]	Indianapolis	F. M. Wilson	297	7,439	..	..	..	165
State University of Iowa Hospitals [1-3]	Iowa City	A. E. Braley	1,535	5,394	2	6	3	175
University of Kansas Medical Center [1-3]	Kansas City, Kan.	A. Lemoine, Jr.	653	5,108	1	3	3	125
University of Louisville Medical Center		C. D. Townes	.....	.....	..	..	3	...
Louisville General Hospital [1-3]	Louisville, Ky.		113	7,047	1	6	..	83
Veterans Admin. Hospital [1-3]	Louisville, Ky.		122	1,627	..	..	..	...

Numerical and other references will be found on pages 940 through 962.

13. OPHTHALMOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered [4]	Total Residencies Offered [4]	Length of Approved Program (Years)	Beginning Stipend (Month)
Charity Hospital of Louisiana								
Louisiana State University Unit [1]	New Orleans	G. M. Halt	439	7,627	2	4	3	100
Tulane University Unit [1]	New Orleans	J. H. Allen	575	6,335	2	4	3	100
Eye, Ear, Nose and Throat Hospital [1-5]	New Orleans	W. M. Boles	1,471	15,351	..	10	3	125
Veterans Admin. Hospital [1-5-152]	New Orleans	J. H. Allen	113	.....	1	2	3	...
Baltimore Eye, Ear and Throat Hospital [1-5]	Baltimore	M. L. Small	1,225	18,994	1	3	3	150
Johns Hopkins Hospital [1-5]	Baltimore	A. E. Maumenee	2,105	17,294	4	14	3	217
Veterans Admin. Hospital [1-5-102]	Fort Howard, Md.	H. A. Naquin	95	127	..	1	3	...
Boston City Hospital [1-5]	Boston	D. R. Alpert	449	10,597	..	7	3	183
Massachusetts Eye and Ear Infirmary [1-5]	Boston	E. B. Dunphy	4,052	44,108	5	13	3	67
Massachusetts Memorial Hospitals [1-5-200]	Boston	T. Gundersen	200	3,402	1	2	3	175
University Hospital [1-5-121]	Ann Arbor, Mich.	F. B. Fralick	784	13,645	6	18	3	180
Harper Hospital [1-5]	Detroit	A. D. Ruedemann, Sr.	1,459	5,200	1	3	3	275
Henry Ford Hospital [1-5]	Detroit	J. S. Guyton	785	22,980	6	17	3	250
Wayne University Affiliated Hospitals			.....	.....	..	..	3	...
Veterans Admin. Hospital [1-5]	Dearborn, Mich.		120	145	..	1	..	...
Receiving Hospital [1-5]	Detroit		800	28,973	5	15	..	300
Minneapolis General Hospital	Minneapolis	K. E. Sandt	144	3,421	1	2	3	250
University of Minnesota Hospitals [1-5-200]	Minneapolis	E. W. Hansen	174	6,240	2	3	3	250
Veterans Admin. Hospital [1-5-214]	Minneapolis	E. W. Hansen	149	.....	2	3	3	...
Mayo Foundation	Rochester, Minn.	C. W. Rucker	773	38,500	6	18	3	175
Ancker Hospital [1-5]	St. Paul	H. Plothe	131	4,105	..	1	3	220
Charles T. Miller Hospital [1-5]	St. Paul	A. F. Adair	773	1,075	..	2	3	250
University of Mississippi Medical Center			.....	.....	..	..	3	...
University Hospital [1]	Jackson, Miss.	S. Johnson	61	614	..	2	..	250
Veterans Admin. Hospital [1-5]	Jackson, Miss.	L. L. Mayer	1,502	782	1	2	3	250
Kansas City General Hospital No. 1 [1-5]	Kansas City, Mo.	S. Kantor	166	4,192	1	2	3	200
Barnes Hospital [1-5]	St. Louis	D. Becker	2,192	3	5	16	3	50
Homer G. Phillips Hospital [1-5]	St. Louis	B. Becker	151	5,163	2	6	3	201
St. Louis City Hospital [1-5]	St. Louis	D. Bisno	195	7,089	1	3	3	234
St. Mary's Group of Hospitals [1-5]	St. Louis	R. D. Mattis	242	7,050	1	3	3	100
Veterans Admin. Hospital [1-5]	St. Louis	H. Rosenbaum	165	2,163	1	3	3	...
University of Nebraska Hospital [1-5]	Omaha, Neb.	J. H. Judd	135	3,423	1	2	3	200
Jersey City Medical Center	Jersey City, N. J.	F. X. Brophy	245	.....	1	3	3	108
United Hospitals of Newark			.....	.....	..	..	3	...
Newark Eye and Ear Infirmary Unit [1-5]	Newark, N. J.	W. H. Hahn	1,278	9,303	..	2	3	125
Brooklyn Eye and Ear Hospital [1-5]	Brooklyn, N. Y.	M. J. Buonaguro	3,089	44,089	4	8	2	100
Jewish Hospital [1-5]	Brooklyn, N. Y.	M. Lasky	182	3,834	1	3	2	100
Kings County Hospital								
Division II [1-5]	Brooklyn, N. Y.	R. Troutman	497	17,165	4	8	3	105
Veterans Admin. Hospital [1-5]	Brooklyn, N. Y.	M. A. Lasky	140	..	1	2	2	...
Buffalo General Hospital [1-5]	Buffalo	I. J. Koenig	384	1,268	1	2	2	175
Edward J. Meyer Memorial Hospital [1-5-247]	Buffalo	W. Y. Jones	141	4,407	1	5	2	247
Elmhurst General Hospital [1-5]	Elmhurst, N. Y.	J. Sauer	107	7,070	1	3	2	105
Queens Hospital Center [1-5]	Jamaica, N. Y.	T. D Angelo	179	3,110	1	2	2	105
Bellevue Hospital Center								
Div. IV—New York University Post-Graduate Medical School [1-5-200]	New York City	A. G. De Voe	944	24,983	4	12	3	71
Bronx Eye and Ear Infirmary [1]	New York City	S. Epstein-F. La Gattuta	1,081	14,679	1	2	2	100
Bronx Municipal Hospital Center [1-5]	New York City	M. Chamlin	66	4,956	1	3	3	125
Goldwater Memorial Hospital [1-5]	New York City	S. Fox	2,115	280	2	3	2	105
Harlem Eye and Ear Hospital [1-5]	New York City	P. Muller	208	13,695	1	2	2	100
Lenox Hill Hospital [1-5]	New York City	B. F. Payne	354	4,800	1	2	3	180
Manhattan Eye, Ear and Throat Hospital [1-5]	New York City	R. T. Paton	3,019	52,561	5	10	2	100
Montefiore Hospital [1-5]	New York City	S. Gartner	212	1	1	2	2	167
Mount Sinai Hospital [1-5]	New York City	J. Laval	200	9,415	1	2	2	75
New York Eye and Ear Infirmary [1-5]	New York City	B. F. Payne	3,615	57,652	6	18	3	50
New York Hospital [1-5]	New York City	J. McLean	732	12,008	2	6	3	104
New York Polyclinic Medical School and Hospital [1]	New York City	S. Schutz	327	5,829	1	3	2	125
New York University—Metropolitan Medical Center								
Metropolitan Hospital [1-5]	New York City	C. A. Turtz	125	9,519	1	2	2	105
Presbyterian Hospital (Institute of Ophthalmology) [1]	New York City	J. H. Dunnington	2,805	26,978	3	9	3	250
St. Luke's Hospital [1-5]	New York City	H. Egrers	218	5,772	1	2	2	100
St. Vincent's Hospital [1-5]	New York City	R. Castroviejo	372	5,592	1	3	3	125
Veterans Admin. Hospital (Bronx) [1-5]	New York City	A. Hafi	223	9,360	1	3	3	...
Veterans Admin. Hospital (Manhattan) [1-5]	New York City	B. L. Spitz	248	.....	1	3	3	...
St. Mary's Hospital [1-5]	Rochester, N. Y.	C. Sullivan	372	.....	1	1	2	200
Strong Memorial—Rochester Municipal Hospital [1-5]	Rochester, N. Y.	J. F. Gipner	421	8,582	1	2	3	117
State University of New York								
Upstate Medical Center [1-5]	Syracuse, N. Y.	J. McGraw	458	3,229	1	3	2	233
Grasslands Hospital [1-5]	Valhalla, N. Y.	C. Wood	91	4,439	1	3	3	175
North Carolina Memorial Hospital [1-5]	Chapel Hill, N. C.	V. D. McPherson	72	2,428	..	2	3	175
Duke University Affiliated Hospitals		W. B. Anderson	.....	.....	..	..	3	...
Duke Hospital [1-5]	Durham, N. C.		575	7,657	2	6	..	127
Veterans Admin. Hospital [1-5]	Durham, N. C.		169	.....	..	2	..	...
McPherson Hospital [1-5]	Durham, N. C.	S. D. McPherson, Jr.	752	23,370	1	3	3	200
North Carolina Baptist Hospital [1-5]	Winston-Salem, N. C.	R. W. Roberts	367	3,772	1	3	3	100
University of Cincinnati College of Medicine Hospital Group								
Cincinnati General Hospital [1-5-325]	Cincinnati	D. Lyle	302	7,325	2	5	2	50
Cleveland Clinic Hospital [1-5]	Cleveland	R. J. Kennedy	465	19,429	2	6	3	175
Cuyahoga County Hospital [1-5]	Cleveland	R. J. Nicholl	132	5,054	2	4	3	102
St. Luke's Hospital [1-5-215]	Cleveland	G. T. Schwarz	401	4,402	1	1	2	150
University Hospitals [1-5]	Cleveland	L. V. Johnson	824	7,400	2	6	3	150
Veterans Admin. Hospital [1-5]	Cleveland	W. P. Chamberlain	276	.....	1	2	2	...
Ohio State University Hospitals								
University Hospital [1-5]	Columbus, Ohio	W. H. Havener	411	8,948	4	12	3	177
University of Oklahoma Hospitals [1-5]	Oklahoma City	J. R. Reed	414	4,784	1	3	2	200
University of Oregon Medical School Hospitals and Clinics [1-5-324]	Portland, Ore.	K. C. Swan	555	9,874	2	6	3	125
Graduate Hospital of the University of Pennsylvania [1-5]	Philadelphia	I. Leopold	888	1,883	2	6	3	...

Numerical and other references will be found on pages 640 through 642.

13. OPHTHALMOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients' Treated	Outpatient Visits	First Year Residencies Offered*	Total Residencies Offered	Length of Approved Program (Years)	Beginning Stipend (Month)
Hospital of the University of Pennsylvania [1-2]	Philadelphia	F. H. Adler	844	5,000	3	9	3	100
Jefferson Medical College Hospital [1-2]	Philadelphia	C. R. Mullen	212	4,424	1	3	3	100
Philadelphia General Hospital [1-2]	Philadelphia	T. Cowan	232	7,313	1	4	3	125
Temple University Hospital [1-2-3-24]	Philadelphia	G. G. Gibson	346	3,995	1	4	3	...
Wills Eye Hospital [1-2]	Philadelphia	.....	5,144	87,594	7	14	2	100
Health Center Hospitals of the University of Pittsburgh School of Medicine		.....	.....	.....	..	..	3	...
Eye and Ear Hospital [1-2]	Pittsburgh	M. F. McCaslin	2,548	11,146	2	7	..	125
Montefiore Hospital [1-2]	Pittsburgh	H. Thorpe	630	3,607	1	3	3	225
Veterans Admin. Hospital [1-2]	Pittsburgh	R. S. Lehman	202	.....	2	6	3	...
Teaching Hospitals of the Medical College of South Carolina	Charleston, S. C.	P. G. Jenkins	354	1,250	1	2	2	137
Medical College Hospital		.....	.....	.....	..	..	..	...
Roper Hospital		.....	.....	.....	..	..	..	...
City of Memphis Hospitals [1-2] Memphis Eye, Ear, Nose and Throat Hospital [1-2]	Memphis, Tenn.	P. M. Lewis	10,859	13,222	2	6	3	150
Veterans Admin. Hospital [1-2]	Memphis, Tenn.	A. C. Krause	632	5	1	3	3	...
Parkland Memorial Hospital [1-2-3]	Dallas, Texas	C. K. Browning	595	4,137	2	5	3	150
Veterans Admin. Hospital [1-2-327]	Dallas, Texas	S. Gostin	318	.....	1	2	3	...
University of Texas Medical Branch Hospitals [1-2]	Galveston, Texas	G. Robertson	339	4,906	1	3	3	160
Baylor University College of Medicine Affiliated Hospitals	Houston, Texas	E. L. Goar	195	92,820	2	6	2	75
Jefferson Davis Hospital [1-2]	Houston, Texas	L. J. Girard	353	647	2	6	3	...
Veterans Admin. Hospital [1-2]	Houston, Texas	T. L. Royce	674	1,261	1	3	3	125
Hermann Hospital [1-2]	Houston, Texas	T. R. Veirs	404	8,037	1	3	2	300
Scott and White Memorial Hospitals [1-2]	Temple, Texas	E. W. Burton	379	3,502	2	4	2	50
University of Virginia Hospital [1-2]	Charlottesville, Va.	D. Guerry, III	405	7,617	1	3	3	75
Medical College of Virginia—Hospital Division [1-2]	Richmond, Va.	E. W. Perkins	351	2,024	1	3	3	...
Veterans Admin. Hospital [1-2]	Richmond, Va.	E. G. Gill	1,586	17,985	3	3	..	350
Gill Memorial Eye, Ear and Throat Hospital	Roanoke, Va.	R. C. Laughlin	126	.....	..	1	2	125
King County Hospital Unit No. 1 (Harborview) [1]	Seattle	P. Doehr	500	2,384	1	4	3	100
University Hospitals [1-2]	Madison, Wis.	E. F. Carl	345	8,456	1	3	3	267
Milwaukee County Hospital [1-2]	Milwaukee	R. H. Lehman-J. B. Hitz	310	3,811	1	3	3	...
Veterans Admin. Hospital [1-2-275]	Milwaukee (Wauwatosa, Wis.	R. H. Rupp	138	6,795	1	2	3	345
Gorgas Hospital [1]	Ancon, C. Z.	G. Pico	221	6,211	2	4	2	225
San Juan City Hospital [1-2]	San Juan, P. R.							

14. ORTHOPEDIC SURGERY

Type of training acceptable to Board: A—Adult Orthopedics; C—Children's Orthopedics; F—Fractures.

Residency programs in the following hospitals have been approved by the Council and the American Board of Orthopedic Surgery, through the Residency Review Committee for Orthopedic Surgery, as offering acceptable training in adult orthopedics, children's orthopedics, and fractures. Training in the basic sciences is given either as an integral part of these services or as a separate course. Services collaborating in an integral plan of training are designated by a program number, a list of which is found on pages 594 through 598.

Residents completing their training in these hospitals are eligible for full certification by the American Board of Orthopedic Surgery, including children's orthopedic surgery.

Hospitals, 283; Assistant Residencies and Residencies, 1,124

Name of Hospital	Location	Chief of Service	Type of Training	Program Identification	Inpatients' Treated	Autopsies	First Year Residencies Offered*	Total Residencies Offered	Beginning Stipend (Month)
UNITED STATES ARMY									
Fitzsimons Army Hospital [1-2]	Denver, Colo.	R. D. Anderson	AF	65	744	1	1	3	...
Army Medical Center [1-2]	Washington, D. C.	M. S. Thompson	ACF	.....	667	6	4	12	...
Brooke Army Hospital [1-2]	San Antonio, Texas	H. S. McBurney	ACF	.....	1,477	8	2	9	...
Tripler Army Hospital [1-2-101]	Honolulu, T. H.	E. C. Lineberger	ACF	.....	2,437	1	2	8	...
UNITED STATES NAVY									
U. S. Naval Hospital [1-2]	Bethesda, Md.	T. M. Foley	AF	30	5,562	..	3	6	...
U. S. Naval Hospital [1-2]	Philadelphia	W. D. Rumbens, Jr.	AF	62	916	..	3	5	...
UNITED STATES PUBLIC HEALTH SERVICE									
U. S. Public Health Service Hospital [1-2]	San Francisco	C. B. Vaughn, Jr.	AF	87	1,021	1	1	3	...
NONFEDERAL AND VETERANS ADMINISTRATION									
University of Alabama Medical Center									
Crippled Children's Hospital [1-2]	Birmingham, Ala.	J. D. Sherrill	C	41, 68	583	..	..	3	275
University Hospital and Hillman Clinic [1-2]	Birmingham, Ala.	J. D. Sherrill, Sr.	ACF	44	1,927	1	2	8	168
Veterans Admin. Hospital [1-2]	Birmingham, Ala.	M. A. Acinno	AF	44	220	1	..	2	...
Lloyd Noland Hospital [1-2]	Fairfield, Ala.	C. L. Yelton	AF	68	808	..	1	4	250
Mobile County Hospital [1-2]	Mobile, Ala.	W. C. Hannon	ACF	.....	439	1	1	4	275
Arkansas Children's Hospital [1]	Little Rock, Ark.	J. D. Christian	C	1	298	..	..	2	...
Veterans Admin. Hospital [1-2]	Long Beach, Calif.	R. H. Hall	AF	64	384	1	1	3	...
Children's Hospital [1]	Los Angeles	S. S. Mathers	C	64	317	..	..	1	275
Los Angeles County Hospital [1-60]	Los Angeles	C. Mason	ACF	.....	4,236	80	5	18	246
Orthopaedic Hospital [1-2]	Los Angeles	J. V. Luck	ACF	14, 79, 90	2,568	..	4	8	300
Shriners Hospital for Crippled Children [1-2]	Los Angeles	G. W. Westin	C	2, 90	353	..	2	2	300
University of California Hospital [1-2]	Los Angeles	C. O. Bechtol	ACF	90	429	4	1	3	229
Veterans Admin. Hospital [1-2]	Los Angeles	R. Mazet, Jr.	AF	90	1,139	12	3	7	...
White Memorial Hospital [1-2-67]	Los Angeles	T. G. Reynolds	AF	14	543	..	1	3	215
Children's Hospital of the East Bay [1]	Oakland, Calif.	B. Smart	C	2	419	1	1	1	225
Highland-Alameda County Hospital [1-2]	Oakland, Calif.	D. Dickson	AF	2	823	2	2	3	300
Samuel Merritt Hospital [1]	Oakland, Calif.	E. G. Ewer	AF	2	1,442	3	..	..	...
Children's Hospital [1-2]	San Francisco	L. J. Larsen	C	2	534	2	..	2	175

Numerical and other references will be found on pages 540 through 542.

14. ORTHOPEDIC SURGERY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Program Identification	Inpatients Treated	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Beginning Stipend (Months)
Franklin Hospital [1]	San Francisco	F. C. Bost	A	2	1,097	4	..	..	....
St. Mary's Hospital [1-2]	San Francisco	J. J. Loutzenheiser	AF	79	997	2	1	3	200
San Francisco Hospital	San Francisco	.....	.....	.....	....	..	..	..	....
Stanford University Service [1]		F. J. Cox	AF	3	555	..	1	2	235
University of California Service [1]		E. R. Schottstaedt	AF	2	548	..	..	1	235
Shriners Hospital for Crippled Children [1]	San Francisco	F. C. Bost	C	2	322	1	..	2	200
Stanford University Hospitals [1-2]	San Francisco	D. E. King	A	3	1,132	3	1	3	100
University of California Hospitals [2]	San Francisco	V. T. Inman	A	2	650	2	1	4	231
Veterans Admin. Hospital [1-2]	San Francisco	V. T. Inman							
		D. E. King	AF	2, 3	221	6	1	3	....
Harbor General Hospital [1]	Torrance, Calif.	W. G. Rhorer							
		S. Haft	AF	20	725	7	1	4	246
Children's Hospital [1-2]	Denver	I. E. Hendryson	C	4, 65	645	..	2	2	200
University of Colorado Medical Center									
Colorado General Hospital [1-2]	Denver	A. Thomas	AF	4	320	10	2	8	180
Denver General Hospital [1-2]	Denver	J. Mike	AF	4	624	7	..	..	179
Veterans Admin. Hospital [1-2]	Denver	M. E. Gibbens	AF	74	324	4	..	2	....
Grace-New Haven Community Hospital [1-2]	New Haven, Conn.	W. O. Southwick	AF	5	1,008	9	..	3	140
Hospital of St. Raphael	New Haven, Conn.	W. Perham	AF	43	534	9	2	6	150
Newington Home and Hospital for Crippled Children [1-2]	Newington, Conn.	B. H. Curtis	C	5, 82	504	..	..	5	200
Alfred I. Du Pont Institute of the Nemours Foundation [1]	Wilmington, Del.	A. R. Shands, Jr.	C	20, 62	236	..	2	2	150
District of Columbia General Hospital [1-2]	Washington, D. C.	M. Cobey-J. Adams	ACF	54	810	4	3	5	225
Washington Sanitarium [1-2]	Washington, D. C.	J. S. Nevinser	AF	54	1,461	4	3	3	215
Jackson Memorial Hospital [1-2]	Miami, Fla.	W. Miller	AF	76	1,802	12	2	6	75
Variety Children's Hospital [1-2]	Miami, Fla.	R. P. Keiser	C	76	470	..	..	..	....
Orange Memorial Hospital [1]	Orlando, Fla.	N. C. McCollough	ACF	.....	1,388	1	1	3	225
American Legion Hospital for Crippled Children [1-2]	St. Petersburg, Fla.	C. L. Farrington	C	78	592	..	..	1	150
Tampa General Hospital [1]	Tampa, Fla.	F. Lindeman	ACF	78	1,048	4	1	3	250
Georgia Baptist Hospital [1]	Atlanta, Ga.	W. W. Lovell	AF	80	1,170	2	..	1	300
Grady Memorial Hospital [1]	Atlanta, Ga.	R. P. Kelly	ACF	39	802	3	2	6	100
Medical College of Georgia Hospitals									
Eugene Talmadge Memorial Hospital [1-2]	Augusta, Ga.	F. Bliven	AF	80	119	6	2	5	250
University Hospital [1]	Augusta, Ga.	J. L. Chandler	ACF	80	691	..	1	2	300
Emory University Hospital [1-2]	Emory University, Ga.	R. P. Kelly	A	39	674	1	..	3	255
Cook County Hospital	Chicago	F. Shapiro	ACF	.....	702	..	2	5	140
Michael Reese Hospital [1-2]	Chicago	J. Finder	AC	42	1,215	4	1	2	125
Northwestern University Medical Center									
Chicago Wesley Memorial Hospital [1-2]	Chicago	E. L. Compere	ACF	7	1,600	2	2	4	125
Passavant Memorial Hospital [1-2]	Chicago	E. Hauser	A	7	705	..	2	2	125
Veterans Admin. Research Hospital [1-2]	Chicago	E. L. Compere	AF	7	313	1	..	1	....
Evanston Hospital [1]	Evanston, Ill.	C. C. Turner	AF	7	984	7	..	1	....
St. Elizabeth Hospital [1]	Chicago	C. Scuderi	F	42	1,150	2	1	1	200
Presbyterian-St. Luke's Hospital									
St. Luke's Hospital Division [1-2]	Chicago	C. N. Lambert	AF	47	370	1	1	2	125
Shriners Hospitals for Crippled Children [1-2]	Chicago	H. A. Sofield	C	50	288	..	3	3	....
University of Chicago Clinics [1-2]	Chicago	C. H. Hatcher	ACF	.....	811	9	1	4	200
University of Illinois Research and Educational Hospitals [1-2]	Chicago	R. D. Ray	ACF	47	1,666	6	2	8	140
St. Francis Hospital [1]	Evanston, Ill.	J. J. Fahey	AF	7	1,102	1	2	3	210
Veterans Admin. Hospital [1-2-125]	Hines, Ill.	H. A. Sofield	AF	50	1,270	9	4	16	....
West Suburban Hospital [1]	Oak Park, Ill.	H. A. Sofield	AF	50	641	1	1	1	225
St. Francis Hospital	Peoria, Ill.	H. E. Cooper	ACF	.....	2,019	1	1	3	225
Indianapolis General Hospital [1-2]	Indianapolis	H. Williams	AF	8	704	21	2	4	265
Indiana University Medical Center [1]	Indianapolis	G. J. Garceau	ACF	8	678	1	..	7	165
St. Vincent's Hospital [1-2]	Indianapolis	G. J. Garceau	AF	8	1,654	..	1	3	275
Veterans Admin. Hospital [1-2]	Indianapolis	G. J. Garceau	AF	8	415	..	1	2	....
Veterans Admin. Hospital [1-2]	Des Moines, Iowa	D. N. Gibson	AF	55	1,388	1	2	6	....
State University of Iowa Hospitals [1-2]	Iowa City	C. B. Larson	ACF	55	2,260	10	3	12	175
University of Kansas Medical Center [1-2]	Kansas City, Kan.	L. Peltier	ACF	.....	600	3	1	3	125
Veterans Admin. Hospital [1-2]	Wadsworth, Kan.	R. L. Diveley	AF	18	134	8	1	4	....
St. Francis Hospital [1-2]	Wichita, Kan.	J. F. Lance	ACF	.....	1,200	4	1	3	225
Good Samaritan Hospital [1-2]	Lexington, Ky.	K. Thompson	ACF	59	1,522	6	1	3	225
St. Joseph Hospital [1]	Lexington, Ky.	O. B. Murphy	ACF	59	688	7	1	3	250
Shriners Hospital for Crippled Children [1-2]	Lexington, Ky.	T. O. Yocum	C	9	179	..	..	2	200
Kosair Crippled Children Hospital	Louisville, Ky.	K. A. Fischer	C	9	600	..	4	4	200
Louville General Hospital [1-2]	Louisville, Ky.	R. Fischer	AF	9	636	10	..	4	165
Veterans Admin. Hospital [1-2]	Louisville, Ky.	J. Lyford, III	AF	9	582	6	..	2	....
Charity Hospital of Louisiana									
Independent Unit [1]	New Orleans	L. K. Loomis	ACF	.....	.....	..	1	4	100
Louisiana State University Unit [1]	New Orleans	H. T. Simon	ACF	.....	1,060	12	3	12	100
Tulane University Unit [1]	New Orleans	J. Wickstrom	ACF	10	1,465	15	3	12	100
Ochsner Foundation Hospital [1-2-125]	New Orleans	H. D. Morris	AF	56	420	2	1	4	225
Touro Infirmary [1]	New Orleans	G. Berkett	ACF	10, 56	1,226	..	..	3	125
Veterans Admin. Hospital [1-2]	New Orleans	R. L. Aldredge	AF	10	342	2	1	4	....
Confederate Memorial Medical Center [1]	Shreveport, La.	C. R. Reed	ACF	70	1,367	7	2	8	125
Shriners Hospital for Crippled Children [1]	Shreveport, La.	G. D. Caldwell	C	70	216	..	..	1	200
Baltimore City Hospitals [1-2]	Baltimore	M. M. Ravitch	AF	57	480	8	..	1	150
Children's Hospital [1-2]	Baltimore	G. O. Eaton	C	57	501	..	..	..	....
James Lawrence Kernan Hospital for Crippled Children [1-2]	Baltimore	A. F. Voshell	C	88	545	..	..	2	250
Johns Hopkins Hospital [1-2]	Baltimore	R. A. Robinson	AF	57	906	6	..	9	160
University Hospital [1]	Baltimore	A. F. Voshell	AF	88	280	..	1	2	75
Boston City Hospital [1-2]	Boston	A. P. Aitken	AF	13, 66	2,015	14	..	9	152
Children's Medical Center	Boston	W. T. Green	C	11	1,070	1	7	13	....
Lahey Clinic [1-2]	Boston	G. E. Haggart	A	66	1,512	..	4	12	200
Massachusetts General Hospital [1-2-172]	Boston	J. S. Barr	ACF	11	2,028	..	4	7	67
Peter Bent Brigham Hospital [1]	Boston	W. T. Green	AF	11	Incl. in Surgery		..	1	62
Veterans Admin. Hospital [1-2]	Boston (Jamaica Plain)	A. Thibodeau	AF	13	845	3	2	6	....
Massachusetts Hospital School [1]	Canton, Mass.	F. L. Norton	C	13, 66	170	..	..	2	....
Lakeville State Sanatorium [2]	Middleboro, Mass.	F. Norton	C	13, 66	430	2	..	2	227
Shriners Hospital for Crippled Children [1]	Springfield, Mass.	G. Hough, Jr.	C	66	297	..	..	..	150
University Hospital [1-2-172]	Ann Arbor, Mich.	C. E. Badgley	ACF	.....	1,538	13	6	18	195

Numerical and other references will be found on pages 940 through 942.

14. ORTHOPEDIC SURGERY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Program Identification	Inpatients Treated	Autopsies	First Year Residencies Offered	Total Residencies Offered	Beginning Stipends (Months)
Children's Hospital	Detroit	F. J. Fischer	C	12	324	..	4	8	300
Harper Hospital [1-2]	Detroit	F. J. Fischer	A	12	963	5	2	2	300
Henry Ford Hospital [1-2]	Detroit	C. L. Mitchell	ACF	.....	1,990	9	4	12	250
Receiving Hospital [1-2]	Detroit	A. Goetz	F	12	690	6	..	2	325
Blodgett Memorial Hospital [1-2]	Grand Rapids, Mich.	C. F. Frantz	ACF	.....	400	1	1	3	300
St. Mary's Hospital [1-2]	Grand Rapids, Mich.	G. T. Aitken	ACF	.....	484	3	1	3	275
Borgess Hospital [1]	Kalamazoo, Mich.	R. G. Howard	ACF	.....	901	4	1	4	275
Minneapolis General Hospital	Minneapolis	M. J. Nydahl	AF	89	192	..	..	1	250
Shriners Hospital for Crippled Children [1-2]	Minneapolis	D. R. Lannin	C	16	340	..	..	2	....
University of Minnesota Hospitals [1-2-209]	Minneapolis	J. H. Moe	ACF	89	308	4	..	2	300
Veterans Admin. Hospital [1-2]	Minneapolis	E. T. Evans	AF	16	588	3	4	9	....
Mayo Foundation	Rochester, Minn.	H. H. Young	ACF	.....	5,663	31	4	32	175
Gillette State Hospital for Crippled Children [1-2]	St. Paul	W. Cole	C	16, 89	.....	..	..	..	333
Mississippi Baptist Hospital [1-2]	Jackson, Miss.	G. D. Purvis	ACF	73	1,230	3	..	2	250
University Hospital [1]	Jackson, Miss.	W. F. Enneking	AF	73	540	2	1	4	250
Veterans Admin. Hospital [1-2]	Jackson, Miss.	T. S. Robertson	AF	73	718	2	..	..	....
Children's Mercy Hospital [1-2]	Kansas City, Mo.	R. McCanse	C	18	186	..	..	..	175
Kansas City General Hospital No. 1 [1-2]	Kansas City, Mo.	F. G. Pipkin	AF	18	850	21	..	..	300
St. Luke's Hospital [1-2]	Kansas City, Mo.	R. L. Diveley	ACF	18	500	6	..	3	310
Veterans Admin. Hospital [1-2]	Kansas City, Mo.	R. L. Diveley	AF	18	295	1	..	..	....
Barnes Hospital [1-2]	St. Louis	F. Reynolds	ACF	60	1,280	2	4	11	75
St. Louis City Hospital [1]	St. Louis	J. O. Lottes							
		R. E. Lord	F	16, 60	869	..	..	1	234
St. Mary's Group of Hospitals [1-2]	St. Louis	R. M. O'Brien	ACF	16	840	4	2	6	100
Shriners Hospital for Crippled Children [1]	St. Louis	G. E. Scheer	C	60	544	..	..	3	....
Nebraska Orthopedic Hospital [1]	Lincoln, Neb.	F. Teal	C	33	581	3	1	1	150
Veterans Admin. Hospital [1-2]	Lincoln, Neb.	J. E. M. Thomson	AF	33	625	1	1	1	....
Dartmouth Medical School Affiliated Hospitals		O. S. Staples	.....	.....	1,602	3	1	3	216
Mary Hitchcock Memorial Hospital [1-2]	Hanover, N. H.		AF	82	.....	..	..	..	....
Veterans Admin. Hospital [1-2]	White River Jct., Vt.		F	82	.....	..	..	..	....
Monmouth Memorial Hospital [1-2]	Long Branch, N. J.	B. Hallstein	ACF	.....	987	4	1	3	300
United Hospitals of Newark									
Hospital for Crippled Children [1-2]	Newark N. J.	H. Kessler							
		D. Eisenberg	AC	67	2,002	2	..	3	150
Hospital Center at Orange		H. T. Hansen	ACF	.....	1,179	3	3	3	150
New Jersey Orthopaedic Hospital [1-2]	Orange, N. J.		.....	.....	.....	..	..	..	....
Orange Memorial Hospital [1-2]	Orange, N. J.		.....	.....	.....	..	..	..	....
St. Joseph Hospital [1-2]	Paterson, N. J.	R. R. Goldenberg	ACF	.....	758	4	1	1	200
Carrie Tingley Hospital for Crippled Children [1-2]	Truth Or Consequences, N. Mex.	M. Dobelle	C	4, 74	466	1	1	4	225
Albany Hospital [1-2]	Albany, N. Y.	C. Campbell	AF	45	850	7	1	4	160
House of St. Giles the Cripple [1-2]	Brooklyn, N. Y.	M. Cleveland	C	26, 41	140	..	..	2	100
Jewish Chronic Disease Hospital [1-2]	Brooklyn, N. Y.	M. Schneider	C	81	178	3	..	1	175
Jewish Hospital [1-2]	Brooklyn, N. Y.	A. Kennin	AF	84	551	..	1	3	100
Kings County Hospital									
Division I [1-2]	Brooklyn, N. Y.	C. C. Vitale	ACF	.....	242	..	1	3	165
Division II [1-2]	Brooklyn, N. Y.	R. F. Warren	ACF	.....	734	5	1	3	165
St. Charles Hospital [1-2]	Brooklyn, N. Y.	H. C. Petit	C	53	301	..	1	4	125
Veterans Admin. Hospital [1-2-202]	Brooklyn, N. Y.	S. E. Chessid	AF	52	330	1	1	3	....
Buffalo General Hospital [1-2]	Buffalo	B. E. Obletz	AF	24	977	8	2	8	175
Children's Hospital [1-2]	Buffalo	J. D. Godfrey	C	24	530	..	..	4	125
Edward J. Meyer Memorial Hospital [1-2]	Buffalo	J. P. Cole	AF	85	297	9	1	3	247
Veterans Admin. Hospital [1-2]	Buffalo	W. M. Chardack	AF	24	976	2	1	4	....
Meadowbrook Hospital [1-2]	Hempstead, N. Y.	O. C. Hudson	F	38	2,073	14	4	4	225
Nassau Hospital [1]	Mineola, N. Y.	C. F. Freese	AF	38	1,536	3	1	3	225
Bellevue Hospital Center									
Div. IV—New York University									
Post-Graduate Medical School [2-3]	New York City	W. A. L. Thompson	ACF	51	1,143	..	4	12	71
Bronx Municipal Hospital Center [1-2]	New York City	A. Schildhaus	ACF	.....	233	6	2	6	125
Hospital for Joint Diseases [1-2]	New York City	J. E. Milcram	ACF	80	3,700	8	6	18	80
Hospital for Special Surgery [1-2]	New York City	T. C. Thompson	ACF	52	2,016	15	4	12	160
Metropolitan Hospital [1-2]	New York City	M. J. Wilson	AF	67	480	2	2	4	165
Mount Sinai Hospital [1-2]	New York City	R. K. Lippmann	ACF	.....	437	2	2	5	75
New York Polyclinic Medical School and Hospital [1]	New York City	D. M. Bosworth	F	26	408	2	..	1	125
Presbyterian Hospital [1]	New York City	F. E. Stinchfield	ACF	.....	3,025	3	6	24	200
St. Luke's Hospital [1-2]	New York City	D. M. Bosworth	ACF	41	738	3	1	3	100
Veterans Admin. Hospital (Bronx) [1-2-207]	New York City	T. C. Thompson	AF	22	692	2	2	4	....
Veterans Admin. Hospital (Manhattan) [1-2-265]	New York City	G. Truchly	AF	80	637	3	2	6	....
St. Charles Hospital [1-2]	Port Jefferson, N. Y.	F. S. Child	C	3,843	303	..	3	3	150
Rochester General Hospital [1-2]	Rochester, N. Y.	M. L. Rowe, Jr.	A	31	672	6	..	..	125
Strong Memorial—Rochester Municipal Hospital [1-2]	Rochester, N. Y.	F. N. Zuck	ACF	31	1,668	..	3	7	117
Ellis Hospital [1-2]	Schenectady, N. Y.	W. E. Gazeley	ACF	..	1,507	2	1	2	150
St. Vincent's Hospital [1-2]	Staten Island, N. Y.	D. M. Bosworth	F	38	577	..	1	1	240
Sea View Hospital [1-2]	Staten Island, N. Y.	D. M. Bosworth	A	38	220	1	1	4	157
State University of New York Upstate Medical Center [1-2]	Syracuse, N. Y.	R. C. Lockwood	.....	18	1,837	7	..	3	233
Hospital of the Good Shepherd			CF	18	.....	..	..	..	....
Syracuse Memorial Hospital			C	18	.....	..	..	..	....
Veterans Admin. Hospital			A	18	.....	..	..	..	....
New York State Rehabilitation Hospital [1-2]	West Haverstraw, N. Y.	J. C. McCauley	C	51, 80	598	2	4	4	272
North Carolina Memorial Hospital [1-2]	Chapel Hill, N. C.	R. B. Raney	AF	81	450	1	1	2	175
Duke University Affiliated Hospitals									
Duke Hospital [1-2-209]	Durham, N. C.	L. D. Baker	ACF	19	835	3	6	19	127
Veterans Admin. Hospital [1-2]	Durham, N. C.	F. W. Chpjinger	AF	19	433	3	..	2	....
North Carolina Orthopedic Hospital	Gastonia, N. C.	W. M. Roberts	C	19, 81	235	1	4	4	150
North Carolina Baptist Hospital [1-2-205]	Winston-Salem, N. C.	H. F. Forsyth	AF	77	802	3	3	6	166
Akron City Hospital [1-2]	Akron, Ohio	A. E. Davis	AF	15	1,602	11	2	6	250
Akron General Hospital [1]	Akron, Ohio	D. I. Minnig	AF	58	1,300	4	..	3	275
Mary Day Nursery and Children's Hospital [1]	Akron, Ohio	F. B. Roberts	C	15, 58	597	..	2	6	250
University of Cincinnati College of Medicine Hospital Group									
Cincinnati General Hospital [1-2-205]	Cincinnati	J. Freiberg	AF	17	219	4	2	6	75
Children's Hospital [1]	Cincinnati	J. A. Freiberg	C	17	300	..	..	..	....

Numerical and other references will be found on pages 640 through 642.

19
V.

14. ORTHOPEDIC SURGERY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Program Identification	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Jewish Hospital [1-9]	Cincinnati	R. Perlman	A	17	787	7	..	1	215
Cleveland Clinic Hospital [1-9]	Cleveland	J. I. Kendrick	ACF	.....	943	17	2	6	175
St. Luke's Hospital [1-9]	Cleveland	W. H. McGaw	ACF	.....	1,128	1	1	4	140
University Hospitals [1-9]	Cleveland	C. H. Herndon	ACF	27	1,371	1	..	9	185
Veterans Admin. Hospital [1-9]	Cleveland	C. H. Herndon	A	27	388	2	1	4	....
Children's Hospital [1]	Columbus, Ohio	H. B. Lacey	C	25	350	..	..	4	225
Mount Carmel Hospital [1-9]	Columbus, Ohio	H. B. Lacey	AF	25	1,374	7	1	2	275
Ohio State University Hospitals									
University Hospital [1-9]	Columbus, Ohio	W. S. Smith	AF	25	582	7	..	6	262
White Cross Hospital [1-9]	Columbus, Ohio	J. D. Wilson	AF	25	1,022	1	1	2	250
Elyria Memorial Hospital [1-9]	Elyria, Ohio	C. H. Heyman	C	27	391	..	..	2	270
St. Vincent's Hospital [1-9]	Toledo, Ohio	C. E. Bershon	ACF	.....	1,288	2	1	2	200
Youngstown Hospital [1-9]	Youngstown, Ohio	W. D. McElroy	AF	71	1,410	6	1	3	225
Bone and Joint Hospital [1]	Oklahoma City	E. Marzo	AF	52	2,115	6	2	5	250
St. Anthony Hospital	Oklahoma City	W. K. West	A	53	1,857	1	1	1	200
University of Oklahoma Hospitals [1-9-329]	Oklahoma City	W. H. O'Donoghue	ACF	53	1,342	..	2	12	200
Veterans Admin. Hospital [1]	Oklahoma City	W. K. West	AF	53	615	2	..	2	....
Emanuel Hospital [1-9]	Portland, Ore.	J. A. Mason	AF	28	2,520	7	..	2	275
Shriners Hospital for Chrippled Children [1-9]	Portland, Ore.	L. S. Lucas	C	28	256	..	..	2	150
University of Oregon Medical School Hospitals and Clinics [1-9]	Portland, Ore.	W. E. Snell	AF	28	1,688	..	2	8	225
Veterans Admin. Hospital [1]	Portland, Ore.	R. C. Merrifield	AF	91	704	2	2	4	....
Geo. F. Geisinger Memorial Hospital [1-9]	Danville, Pa.	L. F. Bush	AF	6	703	3	1	3	175
State Hospita For Crippled Children [1]	Elizabethtown, Pa.	T. Outland	C	21, 92	361	..	..	..	....
Hamot Hospital [1-9]	Erie, Pa.	C. W. Fortune	ACF	.....	2,088	6	1	4	250
Albert Einstein Medical Center [1-9]	Philadelphia	A. M. Rechtman	ACF	.....	854	1	2	7	225
Children's Hospital [1-9]	Philadelphia	J. T. Nicholson	C	23, 72	243	..	..	2	75
Graduate Hospital of the University of Pennsylvania [1-9]	Philadelphia	J. Nicholson	A	23	392	..	1	1	100
Hahnemann Medical College and Hospital [1-9]	Philadelphia	E. O. Geckeler	AF	92	883	6	2	4	75
Hospital of the University of Pennsylvania [1-9]	Philadelphia	P. Colonna	ACF	.....	892	2	2	7	....
Jefferson Medical College Hospital [1-9]	Philadelphia	A. P. De Palma	ACF	21	1,016	1	2	8	100
Pennsylvania Hospital [1-9]	Philadelphia	J. T. Nicholson	F	23	257	2	..	..	50
Philadelphia General Hospital [1-9]	Philadelphia	I. Stein	ACF	.....	1,089	51	2	7	171
Shriners Hospital For Crippled Children [1-9]	Philadelphia	J. R. Moore	C	29	293	..	1	4	75
Temple University Hospital [1-9]	Philadelphia	J. R. Moore	AF	29	1,159	14	4	12	....
Allegheny General Hospital [1]	Pittsburgh	P. B. Steele- J. A. Heberling	ACF	60, 71, 83	1,577	10	1	4	200
Health Center Hospitals of the University of Pittsburgh School of Medicine									
Children's Hospital [1-9]	Pittsburgh	A. B. Ferguson	C	6, 30, 45	821	1	..	5	150
Presbyterian Hospital [1-9]	Pittsburgh	A. Ferguson	AF	30	3,083	..	5	12	225
Veterans Admin. Hospital [1-2]	Pittsburgh	P. G. Laing	AF	30	1,003	6	..	3	....
St. Francis General Hospital and Rehabilitation Institute [1-9]	Pittsburgh	M. S. De Roy	A	60	1,345	..	..	1	225
Reading Hospital [1-2-244]	Reading, Pa.	E. J. Morrissey	AF	72	704	12	1	4	225
Robert Packer Hospital [1-9]	Sayre, Pa.	D. R. Baker	ACF	.....	852	5	1	3	225
Rhode Island Hospital [1-9]	Providence, R. I.	K. G. Burton	ACF	.....	1,822	5	1	4	225
Teaching Hospitals of the Medical College of South Carolina	Charleston, S. C.	J. Siegling	ACF	.....	578	1	1	3	127
Medical College Hospital		.....	.....	.....	....	..	..	..	....
Roper Hospital		.....	.....	.....	....	..	..	..	....
Columbia Hospital of Richland County [1]	Columbia, S. C.	W. A. Boyd	ACF	.....	1,682	5	1	3	175
Greenville General Hospital [1]	Greenville, S. C.	L. C. Meyer	AF	19	1,120	4	..	3	275
Shriners Hospital For Crippled Children [1-9]	Greenville, S. C.	F. H. Stelling	C	19, 77	263	..	..	2	150
Baroness Erlanger Hospital [1-9]	Chattanooga, Tenn.	J. J. Kilfoyle	ACF	.....	2,102	10	1	2	225
East Tennessee Baptist Hospital [1-9]	Knoxville, Tenn.	G. A. L. Inge	AF	85	1,012	2	2	6	150
East Tennessee Crippled Children's Hospital	Knoxville, Tenn.	S. Carlson	C	85	449	..	2	2	150
St. Mary's Memorial Hospital [1-9]	Knoxville, Tenn.	R. Brashear	AF	85	1,456	..	..	1	150
University of Tennessee Memorial Research Center and Hospital [1-9]	Knoxville, Tenn.	G. L. Inge	AF	85	528	6	2	6	220
Campbell Clinic Hospital [1]	Memphis, Tenn.	J. S. Speed	ACF	.....	2,404	2	4	12	50
Veterans Admin. Hospital [1-9]	Memphis, Tenn.	D. M. Street	AF	1	1,177	4	1	3	....
Vanderbilt University Hospital [1-9]	Nashville, Tenn.	J. W. Hulman	ACF	.....	973	..	1	3	50
Baylor University Hospital [1-9]	Dallas, Texas	M. P. Knight	A	32	2,714	1	1	3	175
Parkland Memorial Hospital [1-9]	Dallas, Texas	C. F. Gregory	F	32	930	5	..	3	150
Texas Scottish Rite Hospital For Crippled Children [1-9]	Dallas, Texas	B. Carrell	C	32, 75	562	..	1	3	125
Veterans Admin. Hospital [1-9]	Dallas, Texas	V. M. Bryant	AF	75	1,193	4	2	7	....
University of Texas Medical Branch Hospitals [1-9]	Galveston, Texas	G. W. N. Eggers, Sr.	ACF	.....	753	4	2	4	160
Baylor University College of Medicine Affiliated Hospitals									
Jefferson Davis Hospital [1-9]	Houston, Texas	F. A. Bloom	ACF	49	788	10	..	4	75
Veterans Admin. Hospital [1-9]	Houston, Texas	E. M. Cowart	AF	49	1,113	..	..	4	....
Hermann Hospital [1-9]	Houston, Texas	E. T. Smith	ACF	.....	2,043	6	1	6	125
Scott and White Memorial Hospitals [1-9]	Temple, Texas	A. L. Murray	ACF	.....	2,198	..	1	3	200
Dr. W. H. Groves Latter-Day Saints Hospital [1-9]	Salt Lake City	P. Milligan	AF	63	305	2	..	3	275
Primary Children's Hospital [1-9]	Salt Lake City	S. W. Allred	C	7, 63	212	..	..	2	200
Salt Lake County General Hospital [1]	Salt Lake City	S. Coleman	F	34	154	1	1	1	220
Shriners Hospital For Crippled Children [1-9]	Salt Lake City	S. S. Coleman	C	34, 87	267	..	..	2	200
Veterans Admin. Hospital [1-9]	Salt Lake City	S. S. Coleman	A	34	201	1	..	1	....
University of Virginia Hospital [1-9]	Charlottesville, Va.	J. H. Allan	ACF	.....	812	3	2	6	60
Crippled Children's Hospital [1-9]	Richmond, Va.	J. T. Tucker	C	35	260	..	..	2	200
Medical College of Virginia—Hospital Division [1-9]	Richmond, Va.	M. J. Hoover	AF	35	1,208	9	2	9	75
Veterans Admin. Hospital [1-9]	Richmond, Va.	H. D. Butterworth	AF	35	574	2	1	4	....
Children's Orthopedic Hospital [1-9]	Seattle	J. Le Coco	C	36, 91	920	..	..	..	160
King County Hospital Unit No. 1 (Harborview) [1]	Seattle	J. F. Le Coco	AF	36	739	20	..	1	165
Providence Hospital [1-9]	Seattle	E. A. Rogge	A	36	1,740	..	1	1	215
Veterans Admin. Hospital [1-9]	Seattle	E. M. Borgess	A	36	190	2	1	1	....
University Hospitals [1-9]	Madison, Wis.	R. Burns	ACF	.....	1,167	6	2	7	100
Columbia Hospital [1-270]	Milwaukee	A. C. Schmidt	AF	37	758	8	2	8	245
Milwaukee Children's Hospital [1-9]	Milwaukee	W. P. Blount	C	37, 40	402	..	..	..	....
Veterans Admin. Hospital [1-9]	Milwaukee (Wood), Wis.	P. L. Carnesale	AF	40	1,178	11	2	5	....
Shriners Hosp'tals For Crippled Children [1]	Honolulu, T. H.	I. J. Larsen	C	50	172	1	1	1	100

Numerical and other references will be found on pages 649 through 662.

14. ORTHOPEDIC SURGERY—Continued

Residency programs in the following hospitals have been approved by the Council and the American Board of Orthopedic Surgery, through the Residency Review Committee for Orthopedic Surgery, as offering acceptable training in adult orthopedics and fractures. Training in the basic sciences is given as an integral part of these services or as a separate course. Services collaborating in an integral plan of training are designated by a program number, a list of which is found on pages 594 through 595.

Residents completing three years of training in Adult Orthopedics and Fractures at these hospitals are eligible for limited certification by the American Board of Orthopedic Surgery, not to include children's orthopedic surgery.

Hospitals, 16; Assistant Residencies and Residencies, 38

Name of Hospital	Location	Chief of Service	Type of Training	Program Identification	Inpatients Treated	Autopsies	First Year Residencies Offered*	Total Residencies Offered*	Beginning Stipend (Month)
UNITED STATES AIR FORCE									
U. S. Air Force Hospital	San Antonio, Texas	E. W. Brannon	AF	.....	1,350	..	..	6	...
UNITED STATES ARMY									
Letterman Army Hospital [1-2]	San Francisco	L. W. Taylor	AF	.....	1,508	4	3	9	...
UNITED STATES NAVY									
U. S. Naval Hospital [1-2]	Oakland, Calif.	H. A. Streit	AF	.....	1,615	1	3	6	...
U. S. Naval Hospital [1-2]	Chelsea, Mass.	W. S. Stryker	AF	.....	903	..	2	5	...
U. S. Naval Hospital [1-2]	Portsmouth, Va.	C. A. Stevenson	AF	.....	2,335	1	2	4	...
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE									
Freedmen's Hospital [1-2]	Washington, D. C.	J. R. Gladden	AF	.....	461	2	1	1	300
NONFEDERAL AND VETERANS ADMINISTRATION									
San Diego County General Hospital [1-2]	San Diego, Calif.	R. M. Kimball	AF	.....	328	..	1	3	250
St. Joseph's Hospital [1-2]	San Francisco	R. Soto Hall	AF	.....	803	4	1	3	300
Methodist Hospital [1]	Indianapolis	W. Norman	AF	.....	1,845	13	1	2	278
Mercy Hospital [1-2]	Iowa City	A. Steindler	AF	.....	846	..	2	2	160
Worcester City Hospital [1-2]	Worcester, Mass.	W. Eddy	AF	.....	828	10	1	2	215
Veterans Admin. Hospital [1-2]	St. Louis	O. P. Hampton, Jr.	AF	.....	419	3	1	3	....
Queens Hospital Center [1-2]	Jamaica, N. Y.	A. B. Lewert	AF	.....	298	5	1	3	165
Charlotte Memorial Hospital [1]	Charlotte, N. C.	C. R. Carr	AF	.....	1,585	7	1	3	250
Mount Sinai Hospital [1-2]	Cleveland	A. Miller	AF	.....	988	4	1	2	215
Veterans Admin. Hospital [1-2-310]	Philadelphia	J. A. Deakins	AF	.....	382	2	..	2	...

Residency programs in the following hospitals have been approved by the Council and the American Board of Orthopedic Surgery, through the Residency Review Committee for Orthopedic Surgery, as offering acceptable training in children's orthopedic surgery as an independent program. Some of these services also participate in an integrated program offering full training in all categories of Orthopedic Surgery and are also listed on pages 593 through 594.

Hospitals, 11; Assistant Residencies and Residencies; 19.

NONFEDERAL									
Children's Hospital [1]	Los Angeles	S. S. Mathews	C	.....	517	..	..	1	275
Shriners Hospital For Crippled Children [1-2]	Los Angeles	G. W. Westin	C	.....	353	..	2	2	300
Children's Hospital of the East Bay	Oakland, Calif.	B. Smart	C	.....	419	1	1	1	225
Newington Home and Hospital for Crippled Children [1-2]	Newington, Conn.	B. H. Curtis	C	.....	504	..	..	5	300
Hope Haven Hospital [2]	Jacksonville, Fla.	F. L. Fort	C	.....	348	..	..	1	225
American Legion Hospital for Crippled Children [1-2]	St. Petersburg, Fla.	C. L. Farrington	C	.....	502	..	..	1	150
Scottish Rite Hospital for Crippled Children	Decatur, Ga.	J. H. Kite	C	.....	285	..	1	1	200
Children's Memorial Hospital [1-2]	Chicago	C. N. Pease	C	.....	384	1	..	1	125
Shriners Hospital for Crippled Children [1-2]	Lexington, Ky.	T. D. Yocum	C	.....	179	..	..	2	175
Primary Children's Hospital [1-2]	Salt Lake City	S. W. Allred	C	.....	212	..	..	2	200
Shriners Hospital for Crippled Children [1]	Spokane, Wash.	N. R. Brown	C	.....	302	1	..	2	...

ORTHOPEDIC SURGERY—PROGRAM IDENTIFICATION

Program Number	Hospital	Location
1.	Arkansas Children's Home and Hospital	Little Rock, Ark.
	Veterans Admin. Hospital	Memphis, Tenn.
2.	Children's Hospital of the East Bay	Oakland, Calif.
	Samuel Merritt Hospital	Oakland, Calif.
	Veterans Admin. Hospital	San Francisco
	Children's Hospital	San Francisco
	Franklin Hospital	San Francisco
	San Francisco Hospital	San Francisco
	Shriners Hospital for Crippled Children	San Francisco
	University of California Hospital	San Francisco
3.	Shriners Hospital for Crippled Children	Los Angeles
	Highland-Alameda County Hospital	Oakland, Calif.
	Veterans Admin. Hospital	San Francisco
	San Francisco Hospital	San Francisco
	Stanford University Hospital	San Francisco
4.	Children's Hospital	Denver
	Colorado General Hospital	Denver
	Denver General Hospital	Denver
	Carrie Tingley Hospital for Crippled Children	Truth or Consequences, N. Mexico
5.	Grace-New Haven Community Hospital	New Haven, Conn.
	Newington Home and Hospital for Crippled Children	Newington, Conn.
6.	George F. Geisinger Memorial Hospital	Danville, Pa.
	Children's Hospital	Pittsburgh
7.	Chicago Wesley Memorial Hospital	Chicago
	Passavant Memorial Hospital	Chicago
	Veterans Admin. Research Hospital	Chicago
	Evanston Hospital	Evanston, Ill.
	St. Francis Hospital	Evanston, Ill.
	Primary Children's Hospital	Salt Lake City
8.	Veterans Admin. Hospital	Indianapolis
	Indianapolis General Hospital	Indianapolis
	Indiana University Medical Center	Indianapolis
	St. Vincent's Hospital	Indianapolis
9.	Shriners Hospital for Crippled Children	Lexington, Ky.
	Veterans Admin. Hospital	Louisville, Ky.
	Kosair Crippled Children Hospital	Louisville, Ky.
	Louisville General Hospital	Louisville, Ky.
10.	Veterans Admin. Hospital	New Orleans
	Charity Hospital of Louisiana Tulane University Unit	New Orleans
	Touro Infirmary	New Orleans
11.	Children's Medical Center	Boston
	Massachusetts General Hospital	Boston
	Peter Bent Brigham Hospital	Boston
12.	Children's Hospital	Detroit
	Harper Hospital	Detroit
	Receiving Hospital	Detroit

Numerical and other references will be found on pages 640 through 642.

14. ORTHOPEDIC SURGERY—Continued

ORTHOPEDIC SURGERY—PROGRAM IDENTIFICATION

Program Number	Hospital	Location
13.	Veterans Admin. Hospital	Boston
	Boston City Hospital	Boston
	Massachusetts Hospital School	Canton, Mass.
	Lakeville State Sanatorium	Middleboro, Mass.
14.	Orthopedic Hospital	Los Angeles
	White Memorial Hospital	Los Angeles
15.	Mary Day Nursery and Children's Hospital	Akron, Ohio
	Akron City Hospital	Akron, Ohio
16.	Veterans Admin. Hospital	Minneapolis
	Shriners Hospital for Crippled Children	Minneapolis
	Gillette State Hospital for Crippled Children	St. Paul
17.	Children's Hospital	Cincinnati
	Cincinnati General Hospital	Cincinnati
	Jewish Hospital	Cincinnati
18.	Veterans Admin. Hospital	Wadeworth, Kansas
	Children's Mercy Hospital	Kansas City, Mo.
	Kansas City General Hospital No. 1	Kansas City, Mo.
	St. Luke's Hospital	Kansas City, Mo.
	Veterans Admin. Hospital	Kansas City, Mo.
19.	Duke Hospital	Durham, N. C.
	Veterans Admin. Hospital	Durham, N. C.
	North Carolina Orthopaedic Hospital	Gastonia, N.C.
	Greenville General Hospital	Greenville, S. C.
	Shriners Hospital for Crippled Children	Greenville, S. C.
20.	Alfred I. du Pont Institute of the Nemours Foundation	Wilmington, Del.
	U. S. Naval Hospital	Bethesda, Md.
21.	State Hospital for Crippled Children	Elizabethtown, Pa.
	Jefferson Medical College Hospital	Philadelphia
22.	Veterans Admin. Hospital (Bronx)	New York City
	Hospital for Special Surgery	New York City
23.	Children's Hospital	Philadelphia
	Graduate Hospital of the University of Pennsylvania	Philadelphia
	Pennsylvania Hospital	Philadelphia
24.	Veterans Admin. Hospital	Buffalo
	Buffalo General Hospital	Buffalo
	Children's Hospital	Buffalo
25.	Children's Hospital	Columbus, Ohio
	Mount Carmel Hospital	Columbus, Ohio
	Ohio State University Hospitals University Hospital	Columbus, Ohio
	White Cross Hospital	Columbus, Ohio
26.	House of St. Giles the Cripple	Brooklyn
	New York Polyclinic Medical School and Hospital	New York City
	St. Vincent's Hospital	Staten Island, N. Y.
	Seaview Hospital	Staten Island, N. Y.
27.	University Hospital	Cleveland
	Veterans Admin. Hospital	Cleveland
	Elyria Memorial Hospital	Elyria, Ohio
28.	Emanuel Hospital	Portland, Oregon
	Shriners Hospital for Crippled Children	Portland, Oregon
	University of Oregon Medical School Hospital and Clinics	Portland, Oregon
29.	Shriners Hospital for Crippled Children	Philadelphia
	Temple University Hospital	Philadelphia
30.	Children's Hospital	Pittsburgh
	Presbyterian Hospital	Pittsburgh
	Veterans Admin. Hospital	Pittsburgh
31.	Rochester General Hospital	Rochester, N. Y.
	Strong Memorial-Rochester Municipal Hospitals	Rochester, N. Y.
32.	Baylor University Hospital	Dallas, Texas
	Parkland Hospital	Dallas, Texas
	Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas
33.	Nebraska Orthopedic Hospital	Lincoln, Nebr.
	Veterans Admin. Hospital	Lincoln, Nebr.
34.	Veterans Admin. Hospital	Salt Lake City
	Salt Lake County General Hospital	Salt Lake City
	Shriners Hospital for Crippled Children	Salt Lake City
35.	Veterans Admin. Hospital	Richmond, Va.
	Crippled Children's Hospital	Richmond, Va.
	Medical College of Virginia-Hospital Div.	Richmond, Va.
36.	Veterans Admin. Hospital	Seattle
	Children's Orthopedic Hospital	Seattle
	King County Hospital, Unit 1 (Harborview)	Seattle
	Providence Hospital	Seattle
37.	Columbia Hospital	Milwaukee
	Milwaukee Children's Hospital	Milwaukee
38.	Meadowbrook Hospital	Hemstead, N. Y.
	Nassau Hospital	Mineola, N. Y.
39.	St. Charles Hospital	Port Jefferson, N. Y.
	Grady Memorial Hospital	Atlanta, Ga.
	Emory University Hospital	Emory University, Ga.
40.	Veterans Admin. Hospital	Milwaukee
	Milwaukee Children's Hospital	Milwaukee
41.	House of St. Giles the Cripple	Brooklyn
	St. Luke's Hospital	New York City
42.	Michael Reese Hospital	Chicago
	St. Elizabeth's Hospital	Chicago
43.	Hospital of St. Raphael	New Haven, Conn.
	St. Charles Hospital	Port Jefferson, N. Y.
44.	Veterans Admin. Hospital	Birmingham, Ala.
	Crippled Children's Hospital	Birmingham, Ala.
	University Hospital and Hillman Clinic	Birmingham, Ala.
45.	Albany Hospital	Albany, N. Y.
	Children's Hospital	Pittsburgh
46.	St. Louis City Hospital	St. Louis
	St. Mary's Group of Hospitals	St. Louis
47.	St. Luke's Hospital	Chicago
	University of Illinois Research and Educational Hospitals	Chicago
48.	Hospital of the Good Shepherd	Syracuse, N. Y.
	State Univ. of New York Upstate Medical Center	Syracuse, N. Y.
	Syracuse Memorial Hospital	Syracuse, N. Y.
	Veterans Admin. Hospital	Syracuse, N. Y.
49.	Veterans Admin. Hospital	Houston, Texas
	Jefferson Davis Hospital	Houston, Texas
50.	Veterans Admin. Hospital	Hines, Illinois
	Shriners Hospital for Crippled Children	Chicago
	Shriners Hospital for Crippled Children	Honolulu, T. H.
	West Suburban Hospital	Oak Park, Ill.
51.	Bellevue Hospital Center, Division IV-New York University Postgraduate Med. School	New York City
	Rehabilitation Hospital	West Haverstraw, N. Y.
52.	Veterans Admin. Hospital	Brooklyn
	St. Charles Hospital Orthopedic Clinic	Brooklyn
53.	Veterans Admin. Hospital	Oklahoma City
	Bone and Joint Hospital	Oklahoma City
	St. Anthony Hospital	Oklahoma City
	University Hospitals	Oklahoma City
54.	Washington Hospital Center	Washington, D. C.
	District of Columbia General Hospital	Washington, D. C.
55.	Veterans Admin. Hospital	Des Moines, Iowa
	University Hospitals	Iowa City
56.	Ochsner Foundation Hospital	New Orleans
	Touro Infirmary	New Orleans
57.	Children's Hospital School	Baltimore
	Johns Hopkins Hospital	Baltimore
	Baltimore City Hospital	Baltimore
58.	Akron General Hospital	Akron, Ohio
	Mary Day Nursery and Children's Hospital	Akron, Ohio
59.	Good Samaritan Hospital	Lexington, Ky.
	St. Joseph's Hospital	Lexington, Ky.
60.	Barnes Hospital	St. Louis
	St. Louis Lotty Hospital	St. Louis
	Shriners Hospital for Crippled Children	St. Louis
62.	Alfred I. du Pont Institute of the Nemours Foundation	Wilmington, Del.
	U. S. Naval Hospital	Philadelphia
63.	Dr. W. H. Groves Latter-Day Saints Hospital	Salt Lake City
	Primary Children's Hospital	Salt Lake City
64.	Veterans Admin. Hospital	Long Beach, Calif.
	Children's Hospital Center	Los Angeles, Calif.
65.	Children's Hospital	Denver
	Fitzsimons Army Hospital	Denver
66.	Boston City Hospital	Boston
	Lahey Clinic	Boston
	Massachusetts Hospital School	Canton, Mass.
	Shriners Hospital for Crippled Children	Springfield, Mass.
	Lakeville State Sanatorium	Middleboro, Mass.
67.	Hospital for Crippled Children	Newark, N. J.
	Metropolitan Hospital	New York City
68.	Crippled Children's Clinic & Hospital	Birmingham, Ala.
	Lloyd Noland Hospital	Fairfield, Ala.
69.	Allegheny General Hospital	Pittsburgh, Pa.
	St. Francis General and Rehabilitation Institute	Pittsburgh, Pa.
70.	Confederate Memorial Hospital	Shreveport, La.
	Shriners Hospital for Crippled Children	Shreveport, La.
71.	Allegheny General Hospital	Pittsburgh, Pa.
	Youngstown Hospital	Youngstown, Ohio
72.	Children's Hospital	Philadelphia
	Reading Hospital	Reading, Pa.
73.	Mississippi Baptist Hospital	Jackson, Miss.
	University Hospital	Jackson, Miss.
	Veterans Admin. Hospital	Jackson, Miss.
74.	Veterans Admin. Hospital	Denver
	Carrie Tingley Hospital for Crippled Children	Truth or Consequences, New Mexico
75.	Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas
	Veterans Admin. Hospital	Dallas, Texas
76.	Jackson Memorial Hospital	Miami, Florida
	Variety Children's Hospital	Miami, Florida
77.	North Carolina Baptist Hospital	Winston-Salem, N. C.
	Shriners Hospital for Crippled Children	Greenville, S. C.
78.	Tampa General Hospital	Tampa, Florida
	American Legion Hospital for Crippled Children	St. Petersburg, Fla.
79.	Orthopaedic Hospital	Los Angeles, Calif.
	St. Mary's Hospital	San Francisco, Calif.
80.	Veterans Admin. Hospital (Manhattan)	New York City
	Rehabilitation Hospital	West Haverstraw, N. Y.
81.	North Carolina Memorial Hospital	Chapel Hill, N. Car.
	North Carolina Orthopedic Hospital	Gastonia, N. Car.
82.	Newington Home and Hospital	Newington, Conn.
	Mary Hitchcock Memorial Hospital	Hanover, N. Hamp.
	Veterans Admin. Hospital	White River Jct., Vt.
83.	Edw. J. Meyer Mem'l Hospital	Buffalo, N. Y.
	Allegheny General Hospital	Pittsburgh
84.	Jewish Chronic Disease Hospital	Brooklyn, N. Y.
	Jewish Hospital	Brooklyn, N. Y.

Numerical and other references will be found on pages 649 through 662.

14. ORTHOPEDIC SURGERY—Continued

ORTHOPEDIC SURGERY—PROGRAM IDENTIFICATION

85. East Tennessee Baptist Hospital..... Knoxville, Tenn.
East Tennessee Crippled Children's Hospital.... Knoxville, Tenn.
St. Mary's Memorial Hospital..... Knoxville, Tenn.
University of Tennessee Memorial Research Center & Hospital..... Knoxville, Tenn.
86. Georgia Baptist Hospital..... Atlanta, Ga.
Eugene Talmadge Memorial Hospital..... Augusta, Ga.
University Hospital..... Augusta, Ga.
87. U. S. Public Health Service Hospital..... San Francisco
Shriners Hospital for Crippled Children..... Salt Lake City
88. University Hospital..... Baltimore
James Lawrence Kernan Hospital for Crippled Children..... Baltimore
89. Minneapolis General Hospital..... Minneapolis
University of Minnesota Hospitals..... Minneapolis
Gillete State Hospital for Crippled Children..... St. Paul
90. Orthopedic Hospital..... Los Angeles
Shriners Hospital for Crippled Children..... Los Angeles
University of California Hospital..... Los Angeles
Veterans Admin. Hospital..... Los Angeles
Harbor General Hospital..... Torrance, Calif.
91. Veterans Admin. Hospital..... Portland, Ore.
Children's Orthopedic Hospital..... Seattle
92. State Hospital for Crippled Children..... Elizabethtown, Pa.
Hahnemann Medical College Hospital..... Philadelphia

15. OTOLARYNGOLOGY

Residency programs in the following hospitals have been approved by the Council, the American Board of Otolaryngology and the American College of Surgeons, through the Residency Review Committee for Otolaryngology, as offering acceptable training in the specialty.

Hospitals, 131; Assistant Residencies and Residencies, 495

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
UNITED STATES ARMY							
Army Medical Center [1-2]	Washington, D. C.	H. S. Murphey	1,080	9,936	2	6	...
Brooke Army Hospital [1-2]	San Antonio, Texas	T. L. Hartridge	693	9,020	2	6	...
UNITED STATES NAVY							
U. S. Naval Hospital [1-2]	Oakland, Calif.	M. Schiff	935	7,029	2	4	...
U. S. Naval Hospital [1]	San Diego, Calif.	L. E. Wible	1,461	14,025	2	5	...
U. S. Naval Hospital [1-2]	Bethesda, Md.	S. J. Ryan	2,382	7,763	1	3	...
U. S. Naval Hospital [1-2]	Philadelphia	W. C. Livingood	645	5,712	2	3	...
DOUFEDERAL AND VETERANS ADMINISTRATION							
University of Alabama Medical Center							
University Hospital and Hillman Clinic [1-2]	Birmingham, Ala.	F. Moody	783	3,265	1	3	108
Veterans Admin. Hospital [1-2]	Birmingham, Ala.	E. W. Stevenson	115	146	1	1	...
Los Angeles County Hospital [1-2]	Los Angeles	L. House-A. Miller	1,530	23,778	3	7	240
Los Angeles Eye and Ear Hospital [1-2-3]	Los Angeles	A. H. Miller	1,650	3,088	..	2	100
University of California Hospital [1-2-4]	Los Angeles	J. J. Pressman	384	3,107	1	3	229
Veterans Admin. Hospital [1-2]	Los Angeles	C. S. Mumma	731	7,735	..	2	...
White Memorial Hospital [1-2]	Los Angeles	L. R. House	1,118	5,867	1	2	215
Harbor General Hospital [1-2]	Torrance, Calif.	S. Kaplan	329	3,260	1	2	240
Stanford University Hospitals [1-2-17]	San Francisco	R. C. McNaught	488	5,231	1	3	100
San Francisco Hospital (Stanford Service) [1-22]	San Francisco	R. P. Michelson	175	1	..	1	205
University of California Hospitals [6]	San Francisco	F. A. Sooy	436	6,291	1	3	231
Children's Hospital [1-2-23]	San Francisco	R. C. Martin	1,114	716	1	1	175
San Francisco Hospital (University of California Service) [1-22]	San Francisco	G. McCoy	116	.....	1	1	205
Veterans Admin. Hospital [1-2-67]	San Francisco	W. P. Work	209	3,483	1	3	...
Grace-New Haven Community Hospital [1-2]	New Haven, Conn.	J. A. Kirchner	866	4,135	1	3	140
Washington Hospital Center [1-2-120]	Washington, D. C.	J. N. Novick	4,389	16,024	2	6	215
Jackson Memorial Hospital [1-2]	Miami, Fla.	J. R. Chandler	414	2,487	1	2	75
Tampa General Hospital [7]	Tampa, Fla.	J. B. Farrior	650	1	1	3	250
Grady Memorial Hospital [1]	Atlanta, Ga.	L. A. Brown	.....	1,378	1	3	100
Northwestern University Medical Center							
Chicago Wesley Memorial Hospital [1-2]	Chicago	G. E. Shambaugh, Jr.	1,585	2,880	2	2	125
Cook County Hospital	Chicago	S. J. Pearlman	1,179	20,939	1	4	140
Michael Reese Hospital [1-2-29]	Chicago	N. Leshin	1,804	2,228	1	1	100
Veterans Admin. Research Hospital [1-2-29]	Chicago	G. E. Shambaugh, Jr.	250	3,380	..	1	...
Presbyterian-St. Luke's Hospital							
Presbyterian Hospital Division [1-2]	Chicago	S. A. Friedberg	548	2	1	2	125
St. Luke's Hospital Division [1-2]	Chicago	P. H. Holinger	1,047	10	..	..	...
University of Chicago Clinics [1-2]	Chicago	J. R. Lindsay	692	8,825	1	4	200
University of Illinois Hospitals							
Illinois Eye and Ear Infirmary [1-2]	Chicago	F. L. Lederer	961	29,645	6	16	140
Research and Educational Hospitals [1-2-122]	Chicago	F. L. Lederer	592	10,316	..	4	140
Veterans Admin. Hospital [1-2]	Hines, Ill.	F. L. Lederer	530	747	3	4	...
Indiana University Medical Center			.....	.....	1	4	...
Indianapolis General Hospital [1-2-29]	Indianapolis	D. E. Brown	225	5,872	..	..	205
Indiana University Medical Center Hospital [1]	Indianapolis	M. W. Manion	420	3,761	..	..	165
State University of Iowa Hospitals [1-2]	Iowa City	D. M. Lierle	2,696	6,219	4	12	175
Veterans Admin. Hospital [1-2-29]	Iowa City	E. M. Grandon	2,768	5	..	1	...
University of Kansas Medical Center [1-2]	Kansas City, Kan.	G. O. Proud	835	14,916	1	5	125
Kansas City General Hospital No. 1 [1-2-29]	Kansas City, Mo.	P. Barelli	253	4,088	1	3	200
Veterans Admin. Hospital [1-2-29]	Kansas City, Mo.	H. A. Knauff	213	4	..	..	...
University of Louisville Medical Center							
Louisville General Hospital [1-2]	Louisville, Ky.	W. C. Wolfe	51	3,030	1	2	83
Veterans Admin. Hospital [1-2]	Louisville, Ky.	H. Oppenheim	178	1,452	1	2	...
Charity Hospital of Louisiana							
Louisiana State University Unit [1]	New Orleans	V. H. Fuchs	673	7,384	2	6	100
Tulane University Unit [1]	New Orleans	H. G. Tabb	922	8,012	2	6	100
Eye, Ear, Nose and Throat Hospital [1-2]	New Orleans	C. E. Granberry	3,757	13,757	6	10	100
Baltimore Eye, Ear and Throat Hospital [1-2]	Baltimore	J. Snyder	3,280	8,186	1	3	150
Johns Hopkins Hospital [1-2-124]	Baltimore	J. E. Bordley	1,257	10,135	2	7	100
Morey Hospital [1-2]	Baltimore	T. A. Schwartz	1,795	2,187	2	2	275
South Baltimore General Hospital [1-2]	Baltimore	S. L. Fox	887	558	1	3	150
University Hospital [1]	Baltimore	C. L. Blanchard	162	1,479	1	3	75
Boston City Hospital [1-2]	Boston	A. J. Gorney	1,678	16,740	3	7	125
Massachusetts Eye and Ear Infirmary [1-2]	Boston	L. A. Behall	4,002	21,507	6	15	42

Numerical and other references will be found on pages 840 through 842.

15. OTOLARYNGOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered *	Total Residencies Offered *	Beginning Salary (Month)
Massachusetts Memorial Hospitals [1-2-20]	Boston	M. S. Strong	324	780	1	1	175
Beth Israel Hospital [1-2-22]	Boston	B. Zonderman	650	1,200	..	1	167
Veterans Admin. Hospital [1-2]	Boston (Jamaica Plain)	J. C. Trakas	320	2,704	1	3	...
University Hospital [1-2-120]	Ann Arbor, Mich.	A. C. Furstenberg	722	7,749	3	12	160
Harper Hospital [1-2]	Detroit	A. E. Hammond	3,506	2,008	2	6	275
Henry Ford Hospital [1-2]	Detroit	J. L. Dill	1,325	20,850	2	5	250
Receiving Hospital [1-2]	Detroit	J. E. Crousshore	612	7,250	1	3	208
University of Minnesota Hospitals [1-2-210]	Minneapolis	L. R. Boles	692	5,442	3	9	210
Minneapolis General Hospital [22]	Minneapolis	B. Bofenkamp	320	2,800	..	1	220
Ancker Hospital [1-2-22]	St. Paul	D. Kuzska	363	2,979	..	1	220
Veterans Admin. Hospital [1-2-215]	Minneapolis	H. V. Hancock	196	.....	2	2	...
Mayo Foundation	Rochester, Minn	H. I. Williams	1,550	23,805	2	7	175
Homer G. Phillips Hospital [1-2]	St. Louis	A. J. Cone	215	2,256	2	6	201
St. Mary's Group of Hospitals [1-2]	St. Louis	B. J. McMahon	580	2,284	1	3	100
Washington University Hospitals							
Barnes Hospital [1-2]	St. Louis	T. E. Walsh	3,277	4	3	12	50
McMillan Hospital		.....	.....	.....	..	..	...
St. Louis City Hospital [1-2-22]	St. Louis	G. Hardy	159	4,000	2	3	224
United Hospitals of Newark							
Newark Eye and Ear Infirmary [1-2]—Harrison S. Martland							
Medical Center [1-2]	Newark, N. J.	E. P. Cardwell	2,664	45	3	9	162
Albany Hospital [1-2]	Albany, N. Y.	H. M. Volk	731	3	1	2	160
Brooklyn Eye and Ear Hospital [1-2]	Brooklyn, N. Y.	J. P. Baker	5,650	32,163	2	6	100
Kings County Hospital							
Division I [1-2]	Brooklyn, N. Y.	H. R. Bancks	619	5,812	1	3	165
Division II [1-2]	Brooklyn, N. Y.	I. J. Wolbar	634	4,452	1	3	165
Long Island College Hospital [1-2]	Brooklyn, N. Y.	C. R. Weeth	746	1,055	1	3	156
Buffalo General Hospital [1-2]	Buffalo	H. E. Bozer	728	2	1	3	175
Elmhurst General Hospital [1-2-205]	Elmhurst, N. Y.	C. A. Seelig	286	3,675	1	3	165
Bellevue Hospital Center							
Div. IV-New York University Post-Graduate Medical School [200]	New York City	J. F. Daly	2,365	23,367	4	12	70
Harlem Eye and Ear Hospital [1-2]	New York City	E. Grabscheid	2,989	23,171	1	3	100
Manhattan Eye, Ear and Throat Hospital [1-2]	New York City	D. C. Baker	7,200	37,378	3	9	100
Mount Sinai Hospital [1-2]	New York City	J. L. Goldman	1,651	6,020	1	3	75
New York Eye and Ear Infirmary [1-2]	New York City	J. S. Hanley	2,732	31,867	4	12	50
New York Hospital [1-2]	New York City	J. A. Moore	1,089	9,481	2	4	104
New York Polyclinic Medical							
School and Hospital [1]	New York City	W. W. Morrison	472	5,717	..	..	125
Presbyterian Hospital [1]	New York City	E. P. Fowler	1,825	18,048	4	8	250
Roosevelt Hospital [1]	New York City	R. C. Grove	580	4,686	1	3	133
St. Luke's Hospital [1-2]	New York City	D. R. McCuaig	713	7,958	1	3	100
Veterans Admin. Hospital (Bronx) [1-2]	New York City	H. Kolson	461	3,852	1	3	...
Strong Memorial—Rochester							
Municipal Hospital [1-2]	Rochester, N. Y.	C. A. Heatly	1,084	1,912	1	2	117
State University of New York							
Upstate Medical Center [1-2]	Syracuse, N. Y.	A. Doust	771	2,603	1	3	233
North Carolina Memorial Hospital [1-2]	Chapel Hill, N. C.	N. D. Fischer	111	2,874	..	1	175
Duke University Affiliated Hospitals							
Duke Hospital [1-2]	Durham, N. C.	W. W. Eagle	398	6,109	2	6	127
Veterans Admin. Hospital [1-2-28]	Durham, N. C.	W. W. Eagle	157	.....	..	1	...
McPherson Hospital [1-2]	Durham, N. C.	G. B. Ferguson	1,115	15,258	1	3	200
North Carolina Baptist Hospital [1-2]	Winston-Salem, N. C.	J. A. Harrill	606	1,735	1	3	166
University of Cincinnati College of Medicine							
Hospital group							
Cincinnati General Hospital [1-2]	Cincinnati	H. Goodyear	631	4,887	1	3	100
Cleveland Clinic Hospital [1-2]	Cleveland	H. E. Harris	1,107	15,904	2	6	175
Cuyahoga County Hospital [1-2-211]	Cleveland	S. C. Missal	226	3,174	1	2	162
St. Luke's Hospital [1-2]	Cleveland	F. W. Alexander	2,815	1,682	1	3	140
University Hospitals [1-2]	Cleveland	W. H. Maloney	2,847	2,695	..	2	150
Veterans Admin. Hospital [1-2-29]	Cleveland	V. M. Jordan	275	.....	1	3	...
Ohio State University Hospitals							
Children's Hospital [1]	Columbus, Ohio	E. W. Harris	1,570	.....	..	..	...
University Hospital [1-2]	Columbus, Ohio	E. W. Harris	492	4,256	..	6	202
University of Oklahoma Hospitals [1-2]	Oklahoma City	O. A. Watson	198	2,970	..	2	200
University of Oregon Medical School							
Hospitals and Clinics [1-2]	Portland, Ore.	G. L. Boyden	616	3,447	1	3	125
Veterans Admin. Hospital [1-2-29]	Portland, Ore.	G. Boyden	154	2	..	1	...
Geo. F. Geisinger Memorial Hospital [1-2]	Danville, Pa.	F. W. Davison	966	9,695	1	3	175
Graduate Hospital of the							
University of Pennsylvania [1-2]	Philadelphia	B. Shuster	1,105	1,874	2	3	100
Hospital of the University of Pennsylvania [1-2]	Philadelphia	H. Schenck	1,623	3,546	2	6	...
Jefferson Medical College Hospital [1-2]	Philadelphia	F. Harbert	1,462	6,100	1	3	100
Temple University Hospital [1-2-212]	Philadelphia	D. Myers	2,413	2,217	2	6	...
Health Center Hospitals of the University of							
Pittsburgh School of Medicine							
Eye and Ear Hospital [1-2]	Pittsburgh	T. B. McCollough-K. M. Day	5,668	5,910	1	4	125
Veterans Admin. Hospital [1-2]	Pittsburgh	S. L. Kyler	984	6	1	3	...
Mercy Hospital [1-2]	Pittsburgh	J. A. Perrone	2,100	.....	1	3	225
Rhode Island Hospital [1-2]	Providence, R. I.	R. W. Pearson	1,741	2,941	1	2	125
Teaching Hospitals of the							
Medical College of South Carolina	Charleston, S. C.	R. M. Hope	165	966	1	2	137
Medical College Hospital		.....	.....	.....	..	..	...
Roper Hospital		.....	.....	.....	..	..	...
City of Memphis Hospitals [1-2]	Memphis, Tenn.	S. Sanders	456	8,107	1	3	150
Veterans Admin. Hospital [1-2]	Memphis, Tenn.	T. C. Magruder	Incl. in Ophthalmology		..	1	...
Veterans Admin. Hospital [1-2-257]	Dallas, Texas	D. A. Corzill	415	.....	1	3	...
University of Texas Medical							
Branch Hospitals [1-2]	Galveston, Texas	J. M. Robison, Sr.	432	4,344	2	4	160
Baylor University College of Medicine Affiliated Hospitals							
Jefferson Davis Hospital [1-2]	Houston, Texas	H. H. Harris	197	7,020	1	3	75
Methodist Hospital [1-2]	Houston, Texas	J. C. Dickson	872	.....	1	1	220
Veterans Admin. Hospital [1-2]	Houston, Texas	H. H. Harris	313	300	1	3	...

Numerical and other references will be found on pages 640 through 642.

15. OTOLARYNGOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
University of Vermont Affiliated Hospitals	Burlington, Vt.	R. C. Morrow	944	999	..	..	...
DeGoesbriand Memorial Hospital	Burlington, Vt.	.....	.....	.....	..	..	...
Mary Fletcher Hospital [1-3]	Burlington, Vt.	.....	.....	.....	..	..	...
University of Virginia Hospital [1-3]	Charlottesville, Va.	G. S. Fitz Hugh	1,250	5,538	2	4	315
Medical College of Virginia-Hospital Division [1-3]	Richmond, Va.	P. N. Pastore	1,289	5,065	2	4	75
Gill Memorial Eye, Ear and Throat Hospital	Roanoke, Va.	E. G. Gill	Incl. in Ophthalmology		..	..	320
University Hospitals [1-3]	Madison, Wis.	C. Taborsky	625	1,939	1	3	100
Veterans Admin. Hospital [1-3]	Milwaukee (Wood), Wis.	R. H. Lehman-G. D. Straus	396	2,092	1	3	...

16. PATHOLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Pathology as offering acceptable training in the specialty. Services which have been evaluated on the basis of training in the two categories, pathologic anatomy and clinical pathology, are designated as follows: a—pathologic anatomy only; c—clinical pathology only; p—pathologic anatomy and clinical pathology.

Hospitals, 671; Assistant Residencies and Residencies, 1,837

Name of Hospital	Location	Chief of Service	Number of Autopsies	Total Number Tissue Surgery Examinations	Number of Specimens	Number Examined Microscopically	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES AIR FORCE										
U. S. Air Force Hospital	San Antonio, Texas	A. A. Kosinski	157	308,467	14,329	12,517	1	3	3	...
UNITED STATES ARMY										
Letterman Army Hospital [1-3]	San Francisco	N. Irey	240	655,205	5,775	5,630	2	6	4p	...
Fitzsimons Army Hospital [1-3]	Denver	H. A. Van Auken	256	309,354	6,500	6,500	2	8	4p	...
Armed Forces Institute of Pathology [1-3]	Washington, D. C.	E. W. Goodpasture	19,924	.....	43,148	43,148	..	20	1a	...
Army Medical Center [1-3]	Washington, D. C.	R. S. Aronson	334	926,942	6,351	6,343	2	8	4p	...
Brooke Army Hospital [1-3]	San Antonio, Texas	G. J. Matt	431	999,067	6,184	6,184	2	8	4p	...
Tripler Army Hospital [1-3]	Honolulu, T. H.	H. E. Shuey	221	635,589	6,656	6,656	1	4	4p	...
UNITED STATES NAVY										
U. S. Naval Hospital [1-3]	Oakland, Calif.	H. V. O'Connell	193	198,919	8,894	8,894	1	3	4p	...
U. S. Naval Hospital [1]	San Diego, Calif.	J. S. Shaver	401	672,796	7,302	7,302	1	5	4p	...
U. S. Naval Hospital [1-3]	Bethesda, Md.	V. E. Martens	206	468,338	13,467	13,467	3	8	4p	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	S. S. Sarkisian	160	258,152	8,048	8,048	3	5	4p	...
U. S. Naval Hospital [1-3]	Philadelphia	B. H. Smith, Jr.	189	294,475	3,300	3,300	3	6	4p	...
UNITED STATES PUBLIC HEALTH SERVICE										
U. S. Public Health Service Hospital [1-3]	New Orleans	A. L. Steplock	71	185,322	3,386	3,335	1	3	3p	...
U. S. Public Health Service Hospital [1-3]	Baltimore	J. A. Smith	86	167,721	3,211	3,111	1	4	4p	...
National Institutes of Health-Clinical Center [1-3]	Bethesda, Md.	H. Stewart-G. Williams	228	364,291	2,048	2,048	5	12	4p	...
U. S. Public Health Service Hospital [1-3]	Stapleton, S. I., N. Y.	T. L. Perrin	157	249,402	4,342	3,575	2	5	4p	...
U. S. Public Health Service Hospital [1-3-FP]	Seattle	C. S. Powell	128	97,780	3,823	3,304	1	3	3p	...
NONFEDERAL AND VETERANS ADMINISTRATION										
Birmingham Baptist Hospitals [1-3]	Birmingham, Ala.	A. E. Casey	174	376,505	10,762	10,762	2	6	4p	300
Carraway Methodist Hospital [1]	Birmingham, Ala.	J. Cunningham—B. Bishop	65	190,104	5,923	5,923	2	2	4p	250
University of Alabama Medical Center										
University Hospital and Hillman Clinic [1-3]	Birmingham, Ala.	J. F. A. McManus	384	275,354	6,867	6,837	3	9	4p	108
Veterans Admin. Hospital [1-3]	Birmingham, Ala.	R. M. Hathaway	171	258,280	2,125	2,125	1	2	3p	...
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	W. F. Scott, Jr.	107	133,244	2,282	1,589	1	1	1a	250
Mobile County Hospital [1-3]	Mobile, Ala.	E. B. Wert	402	116,324	1,370	1,370	1	3	2a	300
Good Samaritan Hospital [1]	Phoenix, Ariz.	J. D. Barger	142	151,302	7,550	6,013	..	1	3p	300
Maricopa County General Hospital [1-3]	Phoenix, Ariz.	M. Rosenthal	310	173,859	2,976	1,948	..	1	2a	300
St. Joseph's Hospital [1-3]	Phoenix, Ariz.	L. Stapley	218	194,948	6,731	6,694	1	3	4p	250
Arkansas Baptist Hospital [1-3]	Little Rock, Ark.	E. L. Wilbur	133	157,524	6,806	4,267	2	3	2a	400
University Hospital [1-3]	Little Rock, Ark.	H. Schlumberger	469	164,512	7,471	7,471	2	6	4p	160
Veterans Admin. Hospitals									3p	...
Veterans Admin. Hospital [1-3]	Little Rock, Ark.	C. F. Shukers	187	214,426	2,187	2,187	1	1	...	...
Veterans Admin. Hospital [1]	North Little Rock, Ark.		57	50,335	412	320	...	...	...	...
Kern County General Hospital [1]	Bakersfield, Calif.	R. W. Huntington, Jr.	283	186,214	2,947	2,820	1	3	4p	325
Herrick Memorial Hospital [1-3]	Berkeley, Calif.	H. H. Fishback	114	81,686	3,106	3,105	1	2	4p	175
St. Joseph Hospital [1]	Burbank, Calif.	R. Straus	152	150,747	5,768	5,768	1	4	4p	250
City of Hope Medical Center [1-3]	Duarte, Calif.	G. D. Amromin	212	115,132	4,210	4,210	2	3	1p	400
San Joaquin General Hospital [1]	French Camp, Calif.	H. J. Schneider	320	145,508	2,865	2,490	1	1	2a	300
Glendale Sanitarium and Hospital [1]	Glendale, Calif.	A. F. Brown	225	121,410	5,643	4,043	1	4	4p	325
Loma Linda Sanitarium and Hospital [1-3]	Loma Linda, Calif.	C. S. Small	196	186,245	3,257	3,200	3	9	4p	215
St. Mary's Hospital [1]	Long Beach, Calif.	T. Kiddle	120	183,468	11,540	7,928	1	3	3p	300
Seaside Memorial Hospital [1-3]	Long Beach, Calif.	J. A. Tuta	163	192,029	8,653	6,432	2	8	4p	185
Veterans Admin. Hospital [1-3-55]	Long Beach, Calif.	B. E. Konwaler	577	469,803	5,566	5,566	2	6	4p	...
California Hospital [1-3]	Los Angeles, Calif.	A. Wright	183	170,225	5,927	4,550	1	3	3p	225
Cedars of Lebanon Hospital [1-3]	Los Angeles	N. B. Friedman	285	188,173	7,741	7,618	2	6	4p	265
Children's Hospital [1]	Los Angeles	R. S. Cleland	253	139,222	698	698	1	1	1a	275
Hospital of the Good Samaritan [1-3]	Los Angeles	L. J. Tragerman	170	144,625	6,564	4,920	2	2	4p	225
Los Angeles County Hospital [1]	Los Angeles	E. Butt	2,500	837,502	16,700	15,030	4	10	4p	246
Mount Sinai Hospital [1-3]	Los Angeles	L. Kaplan	82	46,500	2,955	2,923	1	1	1p	...
Queen of Angels Hospital [1-3]	Los Angeles	J. Cremin	265	180,261	6,101	6,101	1	1	4p	300
St. Vincent's Hospital [1-3]	Los Angeles	J. E. Kahler	120	136,645	5,066	4,000	1	2	3p	350
University of California Hospital [1-3]	Los Angeles	S. C. Madden	226	122,663	3,044	2,550	4	10	4p	229

Numerical and other references will be found on pages 640 through 642.

16. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	First Year Residencies Offered	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
Veterans Admin. Hospital [1-3]	Los Angeles	B. G. Fishkin	819	609,261	5,275	5,275	4	12	4[p]	...
White Memorial Hospital [1-3]	Los Angeles	O. B. Pratt	178	311,088	5,811	4,395	2	4	4[p]	215
Highland-Alameda County Hospital [1-3]	Oakland, Calif.	R. J. Parsons	442	141,903	4,713	4,007	1	4	3[a]	200
Kaiser Foundation Hospital [1-3]	Oakland, Calif.	M. Friedman	379	371,953	14,798	11,824	2	5	4[p]	315
Samuel Merritt Hospital [1]	Oakland, Calif.	C. P. Baker	169	165,952	5,305	4,197	1	4	4[p]	195
Veterans Admin. Hospital [1-3]	Oakland, Calif.	B. Gerstl	374	174,934	7,009	4,435	1	4	4[p]	...
Collis P. and Howard Huntington Memorial Hospital [1-3]	Pasadena, Calif.	D. S. Shillam-R. C. Lewis	183	214,787	10,072	8,568	1	4	4[p]	300
Sequoia Hospital [1-3]	Redwood City, Calif.	S. Lindsay	120	139,201	5,262	4,543	1	2	2[p]	350
Sacramento County Hospital [1-3]	Sacramento, Calif.	F. S. Preuss	528	329,624	3,532	2,900	1	4	4[p]	300
San Bernardino County Charity Hospital	San Bernardino, Calif.	J. D. Kirshbaum	353	129,452	6,535	5,010	2	2	2[a]	190
Donald N. Sharp Memorial Community Hospital [1-3]	San Diego, Calif.	H. R. Irwin	170	123,169	7,494	4,361	1	2	4[p]	225
Mercy Hospital [1-3]	San Diego, Calif.	D. A. DeSanto	290	157,979	11,383	9,453	1	4	4[p]	225
San Diego County General Hospital [1-3]	San Diego, Calif.	L. A. Palmer	249	121,226	2,315	1,847	1	4	4[p]	250
Franklin Hospital [1]	San Francisco	J. L. Carr	49	28,131	3,102	1,941	..	..	2[p]	...
French Hospital [1-3]	San Francisco	G. A. Watson	111	90,375	7,117	3,917	1	1	1[a]	200
Kaiser Foundation Hospital [1-3]	San Francisco	M. L. Bassis	296	298,354	7,051	5,707	1	2	2[a]	200
Mount Zion Hospital [1-3]	San Francisco	G. R. Biskind	230	149,417	4,639	3,656	1	4	4[p]	150
St. Francis Memorial Hospital [1-3]	San Francisco	J. L. Zundell	137	82,802	5,888	4,141	1	1	4[p]	300
St. Luke's Hospital [1-3]	San Francisco	M. Black	114	117,000	1,349	1,349	1	2	2[p]	325
St. Mary's Hospital [1-3]	San Francisco	A. Moody	106	168,154	6,613	4,819	1	4	4[p]	200
San Francisco Hospital	San Francisco	....	...	....	.....	.....	..	..	..	...
Stanford University Service [1]		A. J. Cox, Jr.	194	47,000	1,275	1,265	2	3	3[a]	205
University of California Service [1]		J. L. Carr	343	47,000	1,794	1,794	2	4	3[a]	205
Stanford University Hospitals [1-3]	San Francisco	L. J. Rather	272	96,932	3,389	3,389	1	4	4[p]	100
University of California Hospitals [3-78]	San Francisco	H. D. Moon	311	114,905	8,684	8,684	3	12	4[p]	231
Veterans Admin. Hospital [1-3]	San Francisco	O. N. Rambo-T. V. Feichtmeir	194	167,275	3,061	3,061	1	4	3[p]	...
O'Connor Hospital [1-3]	San Jose, Calif.	L. R. Grams	168	163,262	6,220	4,074	..	3	4[p]	350
Santa Clara County Hospital [1-3]	San Jose, Calif.	D. L. Alcott	350	279,079	2,133	2,133	1	4	4[p]	200
Community Hospital of San Mateo County [1]	San Mateo, Calif.	R. O. Holmes	174	86,759	1,687	1,436	1	1	2[a]	400
Brookside Hospital [1]	San Pablo, Calif.	C. H. DeMay-C. Rolle, Jr.	113	70,015	3,438	2,655	1	3	2[p]	500
Santa Barbara Cottage Hospital [1-3]	Santa Barbara, Calif.	E. L. Benjamin	156	163,958	4,019	3,439	2	2	2[a]	200
St. John's Hospital [1-3]	Santa Monica, Calif.	G. J. Hummer	135	188,446	5,408	4,140	4	4	2[a]	200
Harbor General Hospital [1-90]	Torrance, Calif.	S. S. Madden	566	326,944	3,794	3,711	2	8	4[p]	246
Glockner-Penrose Hospital [1-3]	Colorado Springs, Colo.	M. Berthrong	128	82,508	3,135	2,195	1	2	2[a]	200
Children's Hospital [1-3]	Denver	E. C. Beatty, Jr.	145	149,966	9,368	739	1	2	2[p]	200
General Rose Memorial Hospital [1-3]	Denver	K. T. Neubuerger	136	117,266	5,300	4,171	..	1	2[a]	265
Mercy Hospital [1-3]	Denver	E. Hildebrand	136	61,328	4,965	4,648	4	4	2[p]	225
Porter Sanitarium and Hospital	Denver	W. T. Wikle	98	89,588	4,674	4,030	1	2	1[a]	250
Presbyterian Hospital [1-3]	Denver	A. E. Lubchenco	184	50,088	6,034	4,953	1	2	4[p]	275
St. Anthony Hospital [1-3]	Denver	S. K. Kurland	137	101,066	4,875	2,582	2	2	2[a]	325
St. Joseph's Hospital [1-3]	Denver	S. M. P. Ashe	225	237,572	8,639	8,639	1	4	4[p]	200
St. Luke's Hospital [1]	Denver	W. C. Black	290	168,890	10,941	7,771	2	6	4[p]	225
University of Colorado Medical Center Colorado General Hospital [1-3]	Denver	J. B. McNaught-J. H. Holmes	385	231,516	9,249	9,246	4	18	4[p]	250
Denver General Hospital [1-3]	Denver	W. White	425	355,526	10,317	10,317	..	..	4[p]	250
Veterans Admin. Hospital [1-3-97]	Denver	E. H. Valentine	279	175,577	2,247	2,200	1	3	4[p]	...
Weld County General Hospital	Greeley, Colo.	L. A. Ridder	115	74,221	2,915	2,154	1	2	2[a]	300
Colorado State Hospital [1-3-99]	Pueblo, Colo.	M. Gallavan	311	100,123	5,404	4,162	2	8	4[p]	415
Bridgeport Hospital [1-3]	Bridgeport, Conn.	I. B. Akerson	181	217,982	4,950	3,425	1	4	4[p]	240
St. Vincent's Hospital [1-3]	Bridgeport, Conn.	A. Ginzler	206	200,436	4,893	4,128	1	2	4[p]	300
Danbury Hospital [1-3]	Danbury, Conn.	E. Woll	86	77,585	3,050	1,857	1	1	1[a]	200
Greenwich Hospital [1-3]	Greenwich, Conn.	J. S. Morris	181	91,840	4,312	3,626	1	2	2[p]	150
Hartford Hospital [1- -102]	Hartford, Conn.	R. E. Kendall	818	17,717	11,954	11,336	2	6	4[p]	125
St. Francis Hospital [1-3]	Hartford, Conn.	L. P. Hastings	271	246,686	6,972	6,345	2	5	4[p]	175
Meriden Hospital [1-3]	Meriden, Conn.	R. Katzenstein	118	127,165	3,176	2,776	2	2	2[a]	100
Middlesex Hospital [1-3]	Middletown, Conn.	C. E. McLeod	173	81,650	3,238	2,045	1	2	2[p]	200
New Britain General Hospital [1-3]	New Britain, Conn.	P. D. Rosahn	223	207,462	6,375	5,065	1	4	4[p]	210
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	A. A. Liebow	583	270,000	7,079	7,079	2	3	4[p]	140
Hospital of St. Raphael	New Haven, Conn.	R. Nesbit	219	141,414	7,646	6,883	1	4	4[p]	150
Veterans Admin. Hospital [1-3]	Newington, Conn.	R. G. Olivetti	90	125,085	1,461	1,300	1	2	1[a]	...
Norwalk Hospital [1-3]	Norwalk, Conn.	R. N. Barnett	215	143,186	4,480	3,191	2	2	4[p]	195
Stamford Hospital [1-3]	Stamford, Conn.	E. S. Breakell	203	159,940	6,105	2,650	1	3	4[p]	150
St. Mary's Hospital [1-3]	Waterbury, Conn.	M. E. Cox	182	199,053	5,748	4,269	1	4	4[p]	225
Waterbury Hospital [1]	Waterbury, Conn.	J. O. Collins	217	159,819	4,718	4,718	1	4	4[p]	225
Veterans Admin. Hospital [1-3-110]	West Haven, Conn.	R. Yesner	134	185,490	2,161	1,855	1	3	2[p]	...
Delaware Hospital [1-3]	Wilmington, Del.	J. W. Howard	291	263,836	6,475	6,336	1	4	4[p]	220
Memorial Hospital [1-3]	Wilmington, Del.	J. W. Abbiss	239	132,454	5,826	5,826	1	4	4[p]	225
Wilmington General Hospital [1-3]	Wilmington, Del.	J. V. Casella	85	118,788	2,376	2,376	1	1	1[p]	200
Children's Hospital [1-3]	Washington, D. C.	E. C. Rice	127	154,308	725	724	2	2	2[p]	100
District of Columbia General Hospital [1-3]	Washington, D. C.	D. Weiss	894	288,601	4,520	4,520	2	6	4[p]	233
Doctors Hospital [1-3]	Washington, D. C.	O. B. Hunter, Jr.	151	194,900	6,298	5,700	2	2	4[p]	200
Georgetown University Hospital [1-3]	Washington, D. C.	C. F. Geschickter	364	313,252	5,268	5,268	4	10	4[p]	175
George Washington University Hospital [1-3]	Washington, D. C.	T. M. Peery	341	298,183	7,530	7,330	2	6	4[p]	150
Providence Hospital [3]	Washington, D. C.	K. McCoy	195	150,232	6,594	6,533	1	4	4[p]	350
Sibley Memorial Hospital [1-3]	Washington, D. C.	O. B. Hunter	167	172,417	5,438	4,938	1	2	4[p]	200
Veterans Admin. Hospital [1-3]	Washington, D. C.	J. S. Howe	169	183,464	1,821	1,821	2	5	4[p]	...
Washington Hospital Center [1-3]	Washington, D. C.	E. C. Rice	395	323,544	9,081	7,832	2	6	4[p]	215
Veterans Admin. Hospital [1-3]	Coral Gables, Fla.	R. V. Thomson	353	170,716	2,188	2,188	1	4	4[p]	...
Baptist Memorial Hospital [1-3]	Jacksonville, Fla.	A. G. Foraker	96	89,449	3,102	2,505	1	4	4[p]	325
Duval Medical Center [1-3]	Jacksonville, Fla.	J. W. Eversole	256	177,133	3,991	3,600	1	2	2[a]	150
St. Vincent's Hospital [3]	Jacksonville, Fla.	C. M. Whorton	167	139,101	.....	.....	1	4	4[p]	225
Jackson Memorial Hospital [1-3]	Miami, Fla.	W. A. D. Anderson	785	546,479	17,256	15,258	5	17	4[p]	75
Mount Sinai Hospital of Greater Miami [1-3]	Miami Beach, Fla.	J. Benson	249	160,928	2,957	2,048	1	5	4[p]	250
Orange Memorial Hospital [1]	Orlando, Fla.	C. G. Butt	200	137,579	9,840	4,655	1	3	3[a]	325
Baptist Hospital [1-3]	Pensacola, Fla.	G. V. Squires	248	97,683	4,233	3,994	1	1	4[p]	225

Numerical and other references will be found on pages 640 through 642.

16. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
Crawford W. Long Memorial Hospital [1-3]	Atlanta, Ga.	D. Ayer	165	145,592	7,351	6,550	2	6	4[p]	285
Georgia Baptist Hospital [1]	Atlanta, Ga.	G. L. Forbes	221	194,408	6,864	6,864	2	4	2[p]	305
Grady Memorial Hospital [1]	Atlanta, Ga.	T. D. Rasen	520	365,667	6,273	6,273	5	10	4[p]	100
St. Joseph's Infirmary [1-3]	Atlanta, Ga.	J. T. Godwin	170	145,845	6,042	6,027	1	4	4[p]	270
Veterans Admin. Hospital [1-3]	Atlanta, Ga.	J. Mendeloff	191	183,710	1,658	1,658	1	3	3[p]	...
University Hospital [1]	Augusta, Ga.	M. Ihnen	182	81,096	5,006	4,453	1	2	3[a]	200
Emory University Hospital [1-3]	Emory University, Ga.	W. H. Sheldon	198	141,783	6,868	6,868	2	4	4[p]	235
Memorial Hospital of Chatham County [1-3]	Savannah, Ga.	L. Howard, Jr.	157	57,309	1,683	1,241	1	1	1[a]	300
Alexian Brothers Hospital [3]	Chicago	J. P. Simonds	139	76,000	1,628	1,106	1	1	1[a]	200
American Hospital [1-3]	Chicago	W. F. Eisenstaedt-F. J. Bicknell	133	59,823	1,810	1,743	2	2	1[p]	65
Augustana Hospital [1-3]	Chicago	G. Milles	187	102,500	3,300	2,750	2	2	4[p]	150
Children's Memorial Hospital [1-3]	Chicago	J. Boggs	100	104,816	2,220	2,220	2	2	1[p]	75
Cook County Hospital	Chicago	P. B. Szanto	1,761	588,819	13,500	13,500	4	10	4[p]	140
Edgewater Hospital	Chicago	E. P. Leroy	115	135,579	4,747	3,808	1	2	2[p]	200
Englewood Hospital [3]	Chicago	G. T. Rich	85	64,763	3,845	3,844	1	1	1[a]	200
Grant Hospital [1-3]	Chicago	J. C. Sherrick	152	95,362	3,052	2,290	1	3	3[p]	225
Illinois Masonic Hospital [1-3]	Chicago	L. S. King	213	208,907	3,342	3,024	2	2	4[p]	150
Mercy Hospital [1-3]	Chicago	J. H. Peers	184	120,481	4,200	3,410	1	4	4[p]	200
Michael Reese Hospital [1-3]	Chicago	O. Saphir	483	590,372	8,034	7,530	2	6	4[p]	150
Mount Sinai Hospital [1-3]	Chicago	I. Davidsohn-L. Kreiner	268	386,333	8,236	8,236	2	8	4[p]	275
Northwestern University Medical Center										
Chicago Wesley Memorial Hospital [1-3]	Chicago	T. C. Laipply	278	274,404	6,397	6,397	2	5	4[p]	125
Passavant Memorial Hospital [1-3]	Chicago	W. R. Wartman-M. C. Wheelock	135	147,646	3,450	3,450	1	4	4[p]	125
Veterans Admin. Research Hospital [1-3]	Chicago	J. Robinson	227	182,283	1,705	1,705	2	4	4[p]	...
Evanston Hospital [1-3]	Evanston, Ill.	H. A. Teloh	247	201,504	4,072	4,072	1	3	4[p]	225
Norwegian American Hospital	Chicago	A. Learner	74	89,222	3,338	1,684	1	1	1[a]	200
Presbyterian-St. Luke's Hospital										
Presbyterian Hospital Division [1-3]	Chicago	G. M. Haas	236	635,535	4,323	4,323	2	6	4[p]	125
St. Luke's Hospital Division [1-3]	Chicago	E. F. Hirsch	332	312,356	7,701	6,160	1	4	4[p]	125
Ravenswood Hospital [1-3]	Chicago	P. W. Graff	176	102,392	2,470	2,067	1	1	1[a]	200
St. Anne's Hospital [1-3]	Chicago	J. B. Hartney	179	155,589	5,402	3,955	4	4	4[p]	250
St. Joseph Hospital [1-3]	Chicago	G. F. Stevenson	105	95,300	3,337	2,952	1	4	2[p]	300
St. Mary of Nazareth Hospital [1-3]	Chicago	M. C. Godwin	133	220,956	3,897	3,012	1	1	1[a]	200
University of Chicago Clinics [1-3]	Chicago	R. W. Wissler	463	452,742	6,128	5,727	3	8	4[p]	200
University of Illinois Research and Educational Hospitals [1-3]	Chicago	C. A. Krakower	344	639,636	7,496	7,496	1	6	4[p]	200
Veterans Admin. West Side Hospital [1-3-135]	Chicago	B. Chomet	214	300,082	2,059	1,980	2	4	4[p]	...
St. Francis Hospital [1]	Evanston, Ill.	J. W. Henry	262	246,406	6,727	4,973	1	4	4[p]	210
Veterans Admin. Hospital [1-3]	Hines, Ill.	M. Rubnitz	538	630,918	5,084	5,084	2	6	4[p]	...
Methodist Hospital of Central Illinois [3]	Peoria, Ill.	H. I. Brown	151	105,652	6,096	5,064	1	2	4[p]	200
St. Francis Hospital	Peoria, Ill.	J. R. Kraft-E. P. Elzi	292	158,011	6,988	4,657	1	4	4[p]	225
Rockford Memorial Hospital [1-3]	Rockford, Ill.	M. O. Alexander	215	178,409	4,064	3,195	1	4	4[p]	225
St. Anthony Hospital [1-3]	Rockford, Ill.	A. R. K. Matthews	247	100,956	4,052	3,873	1	4	4[p]	200
Carle Memorial Hospital [1]	Urbana, Ill.	H. P. Friedman	65	3,648	2,411	2,411	..	..	1[a]	200
St. Joseph's Hospital [1-3]	Fort Wayne, Ind.	L. A. Schneider	214	160,306	6,351	5,361	2	2	4[p]	250
Methodist Hospital [1-3]	Gary, Ind.	R. A. Burger	222	119,025	3,886	3,632	1	4	4[p]	300
Indianapolis General Hospital [1-3]	Indianapolis	P. V. Evans	437	166,912	2,744	2,705	1	4	4[p]	265
Indiana University Medical Center										
Indiana University Medical Center Hospital [1]	Indianapolis	E. B. Smith	405	311,928	4,526	4,519	4	10	4[p]	167
Veterans Admin. Hospital [1-3]	Indianapolis	D. Rosenbaum	302	171,309	1,662	1,662	..	2	3[p]	...
Methodist Hospital [1]	Indianapolis	L. H. Hoyt	307	648,241	9,223	7,850	2	5	4[p]	278
St. Vincent's Hospital [1-3]	Indianapolis	L. N. Foster	129	195,008	5,858	4,677	1	4	4[p]	275
St. Elizabeth Hospital [1-3]	Lafayette, Ind.	G. B. Stansell	70	131,318	7,531	3,676	1	2	2[a]	275
Ball Memorial Hospital [1]	Muncie, Ind.	L. G. Montgomery	227	211,348	6,057	4,307	1	4	4[p]	250
South Bend Medical Foundation Hospital [1]	South Bend, Ind.	C. S. Culbertson	487	306,177	13,060	10,235	2	6	4[p]	350
Elkhart General Hospital	Elkhart, Ind.									
St. Joseph Hospital	Mishawaka, Ind.									
Memorial Hospital	South Bend, Ind.									
St. Joseph Hospital	South Bend, Ind.									
St. Luke's Methodist Hospital [1-3]	Cedar Rapids, Iowa	R. Weland	164	186,903	8,169	5,446	1	4	3[p]	250
Iowa Methodist Hospital [1-3]	Des Moines, Iowa	J. W. Green, Jr.	234	198,377	5,877	3,803	1	2	4[p]	200
Mercy Hospital [1-3]	Des Moines, Iowa	F. C. Coleman	207	176,177	4,079	4,079	1	4	4[p]	325
Veterans Admin. Hospital [1-3]	Des Moines, Iowa	T. E. Corcoran	162	166,304	2,389	2,389	1	4	4[p]	...
Mercy Hospital [1-3]	Iowa City	K. R. Cross	82	76,052	2,711	1,976	1	1	1[p]	200
State University of Iowa Hospitals [1-3]	Iowa City	E. D. Warner	504	339,618	6,439	6,439	2	8	3[a]	225
Veterans Admin. Hospital [1-3]	Iowa City	K. R. Cross	167	171,581	2,228	2,210	1	4	4[p]	...
Halstead Hospital [1]	Halstead, Kan.	C. A. Hellwig	40	125,219	2,258	1,958	1	3	1[p]	350
University of Kansas Medical Center [1-3]	Kansas City, Kan.	R. Stowell	398	512,613	10,147	9,147	6	20	4[p]	125
Veterans Admin. Hospital [1-3]	Kansas City, Mo.	J. A. Turner	232	241,169	3,781	3,208	..	..	..	...
St. Francis Hospital [1-3]	Wichita, Kan.	W. P. Callahan, Jr.	223	421,308	9,597	9,279	1	4	4[p]	275
Wesley Hospital [1-3]	Wichita, Kan.	B. E. Stofer	166	119,723	7,014	5,562	1	1	4[p]	310
Wichita-St. Joseph Hospital [1-3]	Wichita, Kan.	W. J. Reals	160	132,085	8,005	7,447	1	2	2[p]	300
St. Elizabeth Hospital	Covington, Ky.	R. J. Ritterhoff	191	103,168	3,546	2,513	1	2	2[a]	225
Children's Hospital	Louisville, Ky.	I. Diamond	140	49,559	967	587	..	2	1[p]	83
Louisville General Hospital [1-3]	Louisville, Ky.	W. M. Christopherson	289	202,923	4,035	3,720	2	8	3[a]	158
Veterans Admin. Hospital [1-3-149]	Louisville, Ky.	E. L. Foote	195	143,131	2,078	2,073	1	1	4[p]	...
Charity Hospital of Louisiana [1]	New Orleans	E. Moss-C Dunlap-R. Holman	2,010	1,008,511	19,276	19,276	5	17	4[p]	100
Hotel Dieu—Sister's Hospital	New Orleans	R. M. Hartwell	82	199,380	8,077	8,077	2	4	3[p]	225
Ochsner Foundation Hospital [1-3]	New Orleans	G. M. Carrera	137	162,510	6,176	6,176	1	4	4[p]	225
Southern Baptist Hospital [1]	New Orleans	E. H. Lawson	158	447,843	12,840	12,840	1	4	4[p]	225
Touro Infirmary [1]	New Orleans	A. Hertzog	247	251,843	6,885	6,540	1	3	4[p]	125
Veterans Admin. Hospital [1-3-150]	New Orleans	J. Ziskind	251	189,325	2,043	2,040	1	2	3[p]	...
Confederate Memorial Medical Center [1]	Shreveport, La.	W. R. Mathews	286	315,531	5,901	5,901	1	4	4[p]	125
Eastern Maine General Hospital [1-3]	Bangor, Maine	R. C. Wadsworth	155	147,229	8,205	7,306	1	2	4[p]	125
Central Maine General Hospital [1]	Lewiston, Maine	C. F. Branch	218	86,147	4,723	4,723	1	2	4[p]	225
Maine Medical Center [1]	Portland, Maine	J. E. Porter	186	203,316	5,601	4,314	1	4	4[p]	125
Baltimore City Hospitals [1-3]	Baltimore	A. D. Pollack	508	159,717	3,177	3,177	2	5	3[p]	75
Franklin Square Hospital [1-3]	Baltimore	P. F. Guerin	118	126,761	2,448	2,448	..	2	2[a]	225
Johns Hopkins Hospital [1-3-48]	Baltimore	A. R. Rich	679	294,537	6,134	6,134	4	9	3[a]	100

Numerical and other references will be found on pages 640 through 642.

16. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
Lutheran Hospital [1-3]	Baltimore	J. A. Wagner	108	130,000	2,576	2,562	1	1	1[a]	220
Maryland General Hospital [1-3]	Baltimore	R. S. Fisher	177	110,580	3,205	3,201	1	2	1[a]	225
Mercy Hospital [1-3]	Baltimore	C. G. Warner	172	482,045	5,834	3,734	1	2	2[a]	275
Provident Hospital	Baltimore	H. L. Tseng	98	68,329	615	608	1	1	1[a]	225
Sinai Hospital [1-3]	Baltimore	T. Weinberg	179	286,244	11,986	11,986	1	4	4[p]	110
Union Memorial Hospital [1-3]	Baltimore	W. C. Merkel	172	153,251	7,549	7,416	1	4	4[p]	215
University Hospital [1]	Baltimore	H. I. Firminger	350	374,035	8,143	8,143	3	7	4[p]	300
Suburban Hospital [1-3]	Bethesda, Md.	J. E. Ash	190	85,516	2,500	.....	..	2	3[p]	325
Prince George's General Hospital [1-3]	Cheverly, Md.	J. C. Burns	153	112,721	3,190	2,972	2	2	2[p]	200
Beverly Hospital [1-3]	Beverly, Mass.	R. Fienberg	115	96,545	2,605	2,605	1	1	3[p]	150
Beth Israel Hospital [1-3]	Boston	D. Freiman	201	204,656	4,483	4,461	2	5	3[a]	167
Boston City Hospital [1-3]	Boston	G. K. Mallory	1,088	55,620	7,091	7,091	3	15	4[p]	132
Boston Lying-in Hospital [1-3-20]—Free Hospital For Women [1-3]	Boston	K. Benirschke-D. G. McKay	140	87,478	8,744	8,731	1	2	1[a]	75
Carney Hospital [3]	Boston	H. J. Christian	121	175,077	5,334	4,881	1	3	2[a]	150
Children's Medical Center	Boston	S. Farber	271	96,151	1,973	1,973	..	3	2[p]	...
Faulkner Hospital [1-3]	Boston	P. M. Le Compte	112	64,053	3,044	2,740	..	1	2[p]	150
Lemuel Shattuck Hospital [1-3]	Boston	G. W. Curtis	138	75,590	1,082	1,082	3	3	1[a]	202
Massachusetts General Hospital [1-3]	Boston	B. Castleman	1,014	12,511	12,511	12,511	4	10	4[p]	67
Massachusetts Memorial Hospitals [1-3]	Boston	S. C. Sommers	136	88,132	2,154	2,154	..	4	4[p]	175
New England Center Hospital [1-3]	Boston	H. E. MacMahon	159	193,208	3,525	3,295	..	4	2[a]	100
New England Deaconess Hospital [1-3]	Boston	S. Warren	183	224,410	7,401	7,401	2	10	4[p]	200
Peter Bent Brigham Hospital [1-3-179]	Boston	G. J. Dammin	361	164,509	3,162	3,162	3	7	4[p]	42
St. Elizabeth's Hospital [1-3]	Boston	J. H. Graham	239	146,540	7,227	5,687	1	2	3[a]	125
Veterans Admin. Hospital [1-3]	Boston (Jamaica Plain)	J. D. Houghton	402	434,969	2,695	2,695	2	6	3[p]	...
Cambridge City Hospital [1-3]	Cambridge, Mass.	C. W. Jones	115	109,308	3,010	2,960	2	4	2[a]	160
Mount Auburn Hospital [1-3]	Cambridge, Mass.	H. E. MacMahon	175	127,509	3,511	3,065	1	2	2[a]	155
Truesdale Hospital [1-3-189]	Fall River, Mass.	W. Freeman	67	115,632	1,780	1,017	1	1	1[a]	150
Burbank Hospital [1-3]	Fitchburg, Mass.	H. J. Sparling	121	108,260	3,362	3,362	1	1	2[a]	...
Holyoke Hospital	Holyoke, Mass.	H. P. Wakefield	149	75,023	3,525	2,679	1	1	1[a]	150
Lawrence General Hospital [1-3]	Lawrence, Mass.	L. S. Jolliffe	162	107,194	1,611	1,611	2	2	4[p]	250
Lowell General Hospital [1-3]	Lowell, Mass.	R. A. Durham	104	142,723	2,358	1,772	1	1	1[a]	...
Lynn Hospital [1-3]	Lynn, Mass.	H. G. Olken	154	134,570	4,613	4,613	5	5	2[p]	150
Malden Hospital [1-3]	Malden, Mass.	M. V. MacKenzie	87	67,004	2,921	2,921	1	2	2[p]	200
St. Luke's Hospital [1-3]	New Bedford, Mass.	V. Kiarsis	198	240,422	4,904	3,954	1	1	2[a]	200
Newton-Wellesley Hospital [1-3]	Newton Lower Falls, Mass.	D. Skinner	142	148,825	5,849	4,023	1	3	3[p]	200
Pittsfield General Hospital [1]	Pittsfield, Mass.	W. Beautyman	77	55,449	2,117	1,325	1	1	1[p]	300
Quincy Hospital [1-3]	Quincy, Mass.	R. B. Street, Jr.	112	90,752	2,825	2,565	1	4	4[p]	179
Salem Hospital [1-3]	Salem, Mass.	D. A. Nickerson	351	101,645	9,186	8,813	1	4	4[p]	200
Springfield Hospital [1-3]	Springfield, Mass.	W. Kaufmann	257	164,822	7,811	6,505	2	4	3[a]	125
Pondville Hospital	Walpole, Mass.	S. Warren	161	52,201	1,699	1,699	..	2	1[p]	527
Veterans Admin. Hospital [1-3]	West Roxbury, Mass.	I. Gore	91	119,576	1,116	1,080	1	2	2[p]	...
Memorial Hospital [1-3]	Worcester, Mass.	R. C. Sniffen	162	105,210	3,638	3,025	1	1	1[a]	200
St. Vincent Hospital	Worcester, Mass.	W. Casale	230	250,559	4,666	4,000	2	4	4[p]	175
Worcester City Hospital [1-3]	Worcester, Mass.	W. MacGillivray	307	121,887	3,431	3,131	1	3	4[p]	215
University Hospital [1-3-191]	Ann Arbor, Mich.	J. A. French	515	101,595	10,862	10,862	4	16	4[p]	160
Leila Y Post Montgomery Hospital [1-3]	Battle Creek, Mich.	A. A. Humphrey	160	78,602	2,062	2,182	..	..	1[a]	275
Children's Hospital	Detroit	W. Zuelzer	252	162,588	469	469	2	2	1[a]	200
Grace Hospital [1-3]	Detroit	C. I. Owen	368	328,934	18,075	18,075	1	4	4[p]	275
Harper Hospital [1-3]	Detroit	J. R. McDonald	301	313,310	6,641	6,641	1	4	4[p]	275
Henry Ford Hospital [1-3]	Detroit	R. C. Horn, Jr.	648	584,309	11,009	11,009	4	16	4[p]	250
Mount Carmel Mercy Hospital [1-3]	Detroit	L. W. Gardner	322	264,244	6,340	6,123	2	6	4[p]	275
Providence Hospital [1-3]	Detroit	D. H. Kaump	270	207,994	5,662	5,662	1	4	4[p]	275
Wayne University Affiliated Hospitals										
Oakwood Hospital [1-3]	Dearborn, Mich.	R. Mainwaring	143	175,378	4,457	4,339	1	4	4[p]	250
Veterans Admin. Hospital [1-3-195]	Dearborn, Mich.	M. W. Wilson	296	390,835	2,654	2,654	2	7	4[p]	...
Detroit Memorial Hospital [1-3-197]	Detroit	J. D. Langston	185	175,457	16,556	16,365	1	2	4[p]	425
Herman Kiefer Hospital [1-3]	Detroit	P. Martineau	294	667,264	2,243	2,243	2	2	1[p]	303
Receiving Hospital [1-3]	Detroit	O. A. Brines	655	638,935	7,981	7,198	10	17	4[p]	303
Sinai Hospital [1-3]	Detroit	S. D. Kobernick	113	149,833	5,322	4,150	1	4	3[p]	275
Woman's Hospital [1-3]	Detroit	E. R. Jennings	193	162,900	5,150	5,094	1	1	4[p]	475
Wayne County General Hospital and Infirmary [1-3]	Eloise, Mich.	S. E. Gould	351	372,595	4,873	4,777	2	7	4[p]	386
Hurley Hospital [1-3]	Flint, Mich.	E. M. Knights	393	209,082	8,290	8,090	1	4	4[p]	325
McLaren General Hospital [1]	Flint, Mich.	E. G. Murphy	160	139,899	5,000	5,000	1	4	4[p]	350
St. Joseph Hospital	Flint, Mich.	....	...	......	....	.....	..	..	4[p]	...
Blodgett Memorial Hospital [1-3]	Grand Rapids, Mich.	C. A. Payne	320	154,414	8,911	8,552	1	4	4[p]	300
Butterworth Hospital [1-3]	Grand Rapids, Mich.	J. D. Mann	296	177,632	7,739	5,134	1	4	4[p]	300
St. Mary's Hospital [1-3]	Grand Rapids, Mich.	H. E. Bowman	180	185,777	5,958	5,130	2	2	1[a]	275
W. A. Foote Memorial Hospital	Jackson, Mich.	J. H. Ahronheim	180	71,564	2,880	2,850	1	4	2[p]	325
Borgess Hospital [1]	Kalamazoo, Mich.	P Rutherford	148	84,571	3,481	3,069	1	2	2[p]	275
Edward W. Sparrow Hospital	Lansing, Mich.	J. F. Dunkel	232	133,061	6,183	5,952	2	2	3[a]	250
Pontiac General Hospital [1-3]	Pontiac, Mich.	J. J. Marra	220	140,885	5,064	4,254	1	4	4[p]	325
St. Joseph Mercy Hospital [1-3]	Pontiac, Mich.	R. E. Olsen	149	98,046	4,754	4,671	1	3	4[p]	325
Saginaw General Hospital [1-3]	Saginaw, Mich.	R. V. Bucklin	256	108,000	4,193	4,139	1	4	4[p]	365
St. Luke's Hospital [1-3]	Duluth, Minn.	A. H. Wells	383	196,249	7,261	6,961	1	4	4[p]	275
St. Mary's Hospital	Duluth, Minn.	A. C. Aufderheide	252	304,268	4,674	3,976	1	2	4[p]	200
Minneapolis General Hospital	Minneapolis	J. I. Coe	363	467,848	3,184	2,964	1	3	3[a]	220
Northwestern Hospital [1-3]	Minneapolis	F. H. Lott	109	144,979	5,220	4,111	1	2	2[a]	200
St. Barnabas Hospital [1-3]	Minneapolis	N. H. Lufkin	195	169,456	6,587	5,239	1	1	2[a]	235
Swedish Hospital [1-3]	Minneapolis	A. R. Jay	248	205,117	7,208	4,281	2	2	2[a]	200
University of Minnesota Hospitals [1-3]	Minneapolis	J. Dawson	574	619,607	5,188	5,188	8	8	4[p]	209
Veterans Admin. Hospital [1-3-215]	Minneapolis	D. F. Gleason	417	402,879	5,541	5,253	2	2	4[p]	...
Mayo Foundation	Rochester, Minn.	D. R. Mathieson-J. W. Kernohan	637	1,000,000	26,367	26,367	6	24	4[p]	175
Ancker Hospital [1-3]	St. Paul	J. F. Noble	449	224,138	1,694	1,694	1	1	2[a]	220
Charles T. Miller Hospital [1-3]	St. Paul	K. Ikeda	161	239,981	6,965	5,614	1	1	4[p]	250
St. Joseph's Hospital [1-3]	St. Paul	E. M. James	140	123,726	4,484	3,837	2	2	2[a]	250
Mississippi Baptist Hospital [1-3]	Jackson, Miss.	K. M. Heard	136	164,053	5,504	4,911	1	1	4[p]	250
University Hospital [1]	Jackson, Miss.	W. V. Hare	276	239,449	4,821	4,809	3	7	4[p]	250
St. Louis County Hospital [1-3]	Clayton, Mo.	J. P. Wyatt	198	128,823	1,196	1,060	1	2	2[a]	225
University of Missouri Medical Center [1-3]	Columbia, Mo.	J. E. Flynn	74	142,462	4,322	4,260	2	8	3[p]	200

Numerical and other references will be found on pages 640 through 642.

16. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	First Year Residencies Offered [*]	Total Residencies Offered [*]	Length of Approved Program (Years)	Beginning Stipend (Month)
Kansas City General Hospital No. 1 [1-3]	Kansas City, Mo.	C. B. Wheeler	567	44,026	4,615	3,861	1	4	4[p]	200
Menorah Medical Center [1-3]	Kansas City, Mo.	H. Cohen	160	149,142	6,567	3,459	1	4	4[p]	300
Research Hospital [1-3]	Kansas City, Mo.	H. K. B. Allebach	158	248,959	5,448	4,243	1	4	4[p]	275
St. Joseph Hospital [1-3]	Kansas City, Mo.	R. W. Kerr-V. B. Buehler	275	312,513	8,852	8,325	1	4	4[p]	250
St. Luke's Hospital [1-3]	Kansas City, Mo.	F. C. Helwig	384	270,415	15,724	14,162	2	6	4[p]	310
St. Mary's Hospital [1-3]	Kansas City, Mo.	A. Lapi	205	190,334	6,223	5,240	1	4	4[p]	275
Barnes Hospital [1-3]	St. Louis	W. S. Hartroft	632	556,837	13,740	9,618	..	14	4[p]	50
De Paul Hospital [1-3]	St. Louis	J. D. Bauer	182	176,978	4,758	3,098	2	3	4[p]	200
Homer G. Phillips Hospital [1-3]	St. Louis	J. O. Blache	520	248,742	3,968	3,750	2	4	2[a]	201
Jewish Hospital [1-3]	St. Louis	J. Hasson	258	198,129	4,889	4,550	2	4	4[p]	150
Missouri Baptist Hospital [1-3]	St. Louis	W. R. Platt	132	124,203	5,209	4,024	1	1	4[p]	175
St. John's Hospital [1-3]	St. Louis	H. N. Allen	182	138,838	4,802	3,506	1	2	2[p]	200
St. Louis City Hospital [1-3]	St. Louis	D. S. Johnson	514	277,418	4,274	4,274	4	9	4[p]	234
St. Luke's Hospital [1-3]	St. Louis	R. W. Ogilvie	153	182,840	4,701	3,577	1	2	2[a]	250
St. Mary's Group of Hospitals [1-3]	St. Louis	H. Pinkerton	357	408,054	7,182	7,008	2	8	4[p]	200
Veterans Admin. Hospital [1-3]	St. Louis	R. F. Schaefer	238	166,338	3,954	3,925	..	4	1[a]	...
Montana Deaconess Hospital [1-3]	Great Falls, Mont.	E. J. Eichwald	84	50,000	2,000	2,000	1	1	1[a]	275
Lincoln General Hospital	Lincoln, Neb.	F. H. Tanner	82	82,029	.....	.....	1	1	1[a]	350
Bishop Clarkson Memorial Hospital	Omaha, Neb.	M. Foster	131	153,306	6,282	4,632	..	2	3[p]	300
Creighton Memorial—St. Joseph's Hospital	Omaha, Neb.	V. Moragues	177	220,984	9,400	9,400	1	4	4[p]	210
Nebraska Methodist Hospital [1-3]	Omaha, Neb.	J. R. Schenken	197	107,500	8,500	8,500	2	6	4[p]	300
University of Nebraska Hospital [1-3]	Omaha, Neb.	J. R. Schenken	116	113,784	1,883	1,883	1	4	4[p]	200
Veterans Admin. Hospital [1-3]	Omaha, Neb.	G. J. Haslam	157	142,623	1,758	1,529	1	3	3[a]	...
Mary Hitchcock Memorial Hospital [1-3]	Hanover, N. H.	R. E. Miller	197	177,231	3,951	3,468	1	4	4[p]	218
Atlantic City Hospital [1]	Atlantic City, N. J.	M. Ackerman	246	98,885	3,437	3,437	1	2	2[a]	200
Cooper Hospital [1-3]	Camden, N. J.	W. T. Read, Jr.	427	308,272	5,909	5,914	1	1	2[p]	200
Our Lady of Lourdes Hospital [1-3]	Camden, N. J.	R. L. Breckenridge	163	155,028	3,522	2,408	1	2	2[p]	250
West Jersey Hospital [1-3]	Camden, N. J.	E. E. Ziegler	120	147,866	4,568	3,074	1	3	3[a]	225
Veterans Admin. Hospital [1-3]	East Orange, N. J.	O. Auerbach	284	247,601	1,804	1,804	..	1	3[a]	...
Englewood Hospital [1-5]	Englewood, N. J.	I. A. Gaspar	130	182,309	5,561	4,477	1	1	1[a]	150
Hunterdon Medical Center [1-3]	Flemington, N. J.	E. V. Olmstead	119	64,127	1,508	1,400	1	1	1[a]	200
Hackensack Hospital [1-3]	Hackensack, N. J.	D. E. Brown	187	141,513	4,286	4,286	2	4	4[p]	150
St. Mary's Hospital [1-3]	Hoboken, N. J.	A. Ehrlich	130	57,027	1,763	1,756	1	2	2[a]	150
Christ Hospital [1-5]	Jersey City, N. J.	A. Gitlitz	130	128,667	7,046	6,439	1	4	2[p]	175
Jersey City Medical Center	Jersey City, N. J.	A. M. Grassi	361	281,832	10,777	10,777	3	6	2[a]	145
Monmouth Memorial Hospital [1-3]	Long Branch, N. J.	M. Rush	200	147,751	3,686	3,429	1	2	2[a]	200
Mountainside Hospital [1-3]	Montclair, N. J.	J. L. Work	406	102,308	9,119	4,450	1	3	3[p]	250
Morristown Memorial Hospital [1-3]	Morristown, N. J.	H. F. Luddecke	190	175,843	4,842	4,819	1	3	4[p]	185
Burlington County Hospital [1-3]	Mount Holly, N. J.	J. F. Bauer	168	73,698	1,789	1,789	..	2	2[a]	100
Fitkin Memorial Hospital [1-3]	Neptune, N. J.	R. E. Conover	125	147,377	2,732	2,732	2	2	2[a]	200
Harrison S. Martland Medical Center [1-3]	Newark, N. J.	E. Albano	305	279,608	2,184	2,184	2	6	3[a]	162
Newark Beth Israel Hospital [1-3]	Newark, N. J.	L. Goldman-M. Kannerstein	231	90,010	6,219	5,700	1	3	4[p]	100
St. Barnabas Medical Center [1-3]	Newark, N. J.	W. G. Bernhard	80	82,406	3,386	3,149	1	3	3[p]	150
St. Michael's Hospital [1-3]	Newark, N. J.	S. J. Rose	215	153,907	7,578	7,578	3	3	4[p]	165
United Hospitals of Newark Presbyterian Hospital [1-3]	Newark, N. J.	S. A. Goldberg	113	149,023	6,300	4,975	1	2	3[p]	175
St. Peter's General Hospital [1-3]	New Brunswick, N. J.	W. A. Jarrett	144	64,208	4,143	2,706	1	2	2[a]	175
Orange Memorial Hospital [1-3]	Orange, N. J.	A. R. Abel	173	101,720	3,586	3,570	1	4	4[p]	150
Bergen Pines County Hospital [1-3]	Paramus, N. J.	V. H. Gillson	346	118,497	....	....	1	2	2[a]	200
Passaic General Hospital [1-3]	Passaic, N. J.	J. R. Gannon	117	95,514	3,250	2,836	..	2	3[p]	250
St. Mary's Hospital [1-3]	Passaic, N. J.	R. Brill	151	72,010	2,704	2,644	1	2	2[p]	200
Barnert Memorial Hospital [1-3]	Paterson, N. J.	J. Churg	115	98,168	4,118	3,383	1	2	1[a]	200
Paterson General Hospital [1-3]	Paterson, N. J.	A. H. Davis	100	71,281	5,371	4,502	1	2	2[p]	150
St. Joseph Hospital [1-3]	Paterson, N. J.	G. B. Kim	222	300,823	5,224	5,224	2	2	4[p]	200
Perth Amboy General Hospital [3]	Perth Amboy, N. J.	H. Y. Tyler	99	153,500	8,767	7,282	..	..	1[a]	200
Overlook Hospital [1-3]	Summit, N. J.	G. L. Erdman	154	134,214	4,773	4,117	1	2	2[p]	150
Mercer Hospital [1-3]	Trenton, N. J.	T. K. Rathmell	172	128,224	2,365	2,365	..	1	4[p]	250
St. Francis Hospital [1-3]	Trenton, N. J.	S. Weintraub	250	211,514	10,706	6,076	1	2	2[a]	210
Bataan Memorial Methodist Hospital [1-3]	Albuquerque, N. Mex.	T. L. Chiffelle	119	30,604	2,292	2,292	1	2	4[p]	250
Bernalillo County-Indian Hospital	Albuquerque, N. Mex.	N. E. Pond-H. V. Beighley	165	161,290	2,065	1,422	1	4	4[p]	350
Veterans Admin. Hospital	Albuquerque, N. Mex.	W. Hentel	133	210,029	1,657	1,657	1	2	2[p]	...
Albany Hospital [1-3]	Albany, N. Y.	A. W. Wright	431	155,153	7,928	7,828	1	6	4[p]	200
Bender Laboratory Hospitals [1-3]	Albany, N. Y.	J. J. Clemmer	350	419,679	10,306	10,306	2	6	4[p]	250
Anthony N. Brady Maternity Home	Albany, N. Y.	....	...	....	.....	.....	..	..	..	...
Memorial Hospital	Albany, N. Y.	....	...	....	.....	.....	..	..	..	...
St. Peter's Hospital	Albany, N. Y.	....	...	....	.....	.....	..	..	..	...
Veterans Admin. Hospital [1-3]	Albany, N. Y.	T. S. Beecher	290	213,672	2,407	2,407	1	2	3[p]	...
Binghamton City Hospital [1-3]	Binghamton, N. Y.	F. P. Becker	151	113,976	3,306	2,800	1	3	4[p]	225
Lawrence Hospital [1-5]	Bronxville, N. Y.	A. A. Eggston	75	70,706	2,101	1,752	1	1	1[p]	225
Beth El Hospital [1-3]	Brooklyn, N. Y.	D. M. Spain	91	356,430	4,582	4,491	1	1	1[p]	150
Brooklyn Hospital [1-3]	Brooklyn, N. Y.	J. A. De Veer	191	120,948	4,910	4,700	1	4	4[p]	175
Coney Island Hospital [1-3]	Brooklyn, N. Y.	H. Fink	213	368,905	1,263	1,263	2	4	4[p]	105
Cumberland Hospital [1-3]	Brooklyn, N. Y.	S. H. Polayes	132	225,945	1,871	1,737	1	3	4[p]	105
Greenpoint Hospital [1-3]	Brooklyn, N. Y.	R. Aronoff	124	121,342	1,242	1,236	2	3	3[p]	105
Jewish Chronic Disease Hospital [1-3]	Brooklyn, N. Y.	B. W. Volk	81	302,569	670	670	1	4	2[c]	225
Jewish Hospital [1-3]	Brooklyn, N. Y.	D. Grayzel	204	500,000	6,613	5,638	2	5	4[p]	100
Kings County Hospital Center	Brooklyn, N. Y.	P. J. Fitzgerald	1,338	714,915	13,873	10,974	5	20	4[p]	105
Long Island College Hospital [1-3]	Brooklyn, N. Y.	T. G. Morrione	163	161,341	4,875	4,625	1	3	4[p]	156
Lutheran Medical Center [1-3]	Brooklyn, N. Y.	E. S. Wedding	108	158,002	2,150	2,150	2	2	1[a]	185
Maimonides Hospital [1-3]	Brooklyn, N. Y.	A. R. Kantrowitz	213	356,159	5,739	5,739	3	6	4[p]	75
Methodist Hospital [1-3]	Brooklyn, N. Y.	B. S. Herr, Jr.	116	116,856	3,804	3,785	1	3	3[p]	175
St. Catherine's Hospital [1-3]	Brooklyn, N. Y.	M. Wachstein	105	107,063	1,653	1,653	1	2	3[a]	125
St. John's Episcopal Hospital [1-3]	Brooklyn, N. Y.	L. M. Fox	70	109,233	5,155	5,155	1	2	2[p]	175
St. Mary's Hospital [1-3]	Brooklyn, N. Y.	W. Moitrier	71	125,027	4,149	4,149	1	2	2[p]	200
Veterans Admin. Hospital [1-3]	Brooklyn, N. Y.	M. Bovarnick	303	306,430	3,511	3,511	1	2	4[p]	...
Buffalo General Hospital [1-3]	Buffalo	K. L. Terplan-S. L. Vaughan	458	10,288	7,943	7,824	3	6	3[p]	175
Deaconess Hospital [1-3]	Buffalo	S. Tannhauser	161	140,838	5,076	4,210	1	2	3[p]	300
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	S. Sanes	403	464,710	5,020	5,020	1	3	2[a]	247
Millard Fillmore Hospital [1-3]	Buffalo	A. V. Postoloff	323	298,794	6,975	6,975	1	3	4[p]	285

Numerical and other references will be found on pages 640 through 642.

16. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
Roswell Park Memorial Institute [1-3]	Buffalo	J. W. Pickren	400	130,461	1,920	1,915	2	10	2p	318
Veterans Admin. Hospital [1-3]	Buffalo	J. B. Sheffer	249	330,496	1,949	1,550	1	2	3p	...
Mary Imogene Bassett Hospital [1-3]	Cooperstown, N. Y.	C. V. Z. Hawn	130	110,986	1,919	1,898	1	2	2a	200
Elmhurst General Hospital [1-3]	Elmhurst, N. Y.	I. Chapman	211	120,523	2,133	1,743	2	6	4p	105
Arnot Ogden Memorial Hospital [1-3]	Elmira, N. Y.	B. Juvelier	86	94,724	3,723	3,494	1	1	1a	250
St. Joseph's Hospital	Elmira, N. Y.	J. A. Mitchell	113	156,409	2,908	1,995	1	1	2a	300
Flushing Hospital and Dispensary [1-3]	Flushing, N. Y.	I. Garrow	185	128,916	4,198	4,198	1	4	4p	175
Community Hospital at Glen Cove [1-3]	Glen Cove, N. Y.	T. Robertson	107	110,327	3,483	2,537	2	2	2p	300
Glens Falls Hospital [1-3]	Glen Falls, N. Y.	M. Masion	133	100,615	4,134	3,634	..	1	3p	250
Meadowbrook Hospital [1-3]	Hempstead, N. Y.	V S. Palladino	683	300,381	4,322	4,287	3	12	4p	225
Mary Immaculate Hospital [1-3]	Jamaica, N. Y.	T. J. Hartnett	94	112,950	7,795	2,500	1	2	1a	100
Queens Hospital Center [1-3]	Jamaica, N. Y.	G. Silverman	672	537,650	4,852	4,852	5	9	4p	71.25
Charles S. Wilson Memorial Hospital [1-3]	Johnson City, N. Y.	N. Elton	218	173,837	5,463	4,553	1	4	4p	225
Kingston Laboratory Hospitals [1-3]		H. Derman	185	208,524	5,301	5,301	1	4	2p	250
Kingston Hospital	Kingston, N. Y.		...	......	.....	.....	..	..	..	...
Benedictine Hospital	Kingston, N. Y.		...	......	.....	.....	..	..	..	...
Ulster County Tuberculosis Hospital	Kingston, N. Y.		...	......	.....	.....	..	..	..	...
St. John's Long Island City Hospital [1-3]	Long Island City, N. Y.	E. Santora	117	65,086	1,700	1,713	1	1	1p	200
North Shore Hospital [1-3]	Manhasset, N. Y.	S. Gross	82	118,011	2,942	2,467	..	1	1p	250
Nassau Hospital [3]	Mineola, N. Y.	L. Ferraro	137	90,309	8,644	3,779	1	2	4p	325
Mount Vernon Hospital [1-3]	Mount Vernon, N. Y.	J. G. Sharnoff	180	1,018,552	4,480	4,480	1	2	3p	200
Long Island Jewish Hospital [1-3]	New Hyde Park, N. Y.	J. I. Berkman	195	235,728	6,749	5,259	1	3	3p	75
New Rochelle Hospital [1-3]	New Rochelle, N. Y.	W. C. Schraft	151	128,156	3,297	3,297	1	1	3a	225
Bellevue Hospital Center										
Div. III—New York University College of Medicine	New York City	M. Kuschner	728	677,375	7,023	7,023	10	16	4p	300
Beth Israel Hospital [1-3]	New York City	W. Antopol	109	133,568	4,985	4,975	1	4	4p	155
Bronx Hospital [1-3]	New York City	L. Reiner	107	189,327	3,334	3,302	1	2	2p	100
Bronx Municipal Hospital Center [1-3]	New York City	A. A. Angrist	380	478,188	3,098	3,098	3	12	4p	125
Doctors Hospital [1-3]	New York City	S. Trinidad	78	97,968	3,611	3,577	2	2	1a	300
Fordham Hospital [1-3]	New York City	L. J. Millman	256	126,224	2,126	2,126	1	2	3p	105
Francis Delafield Hospital [1-3]	New York City	H. P. Smith	233	87,306	5,215	5,215	..	6	3p	105
Goldwater Memorial Hospital [1-3]	New York City	J. Rosenthal	123	87,508	413	413	2	3	2p	105
Harlem Hospital [1-3]	New York City	V. B. Dolgopol	349	324,831	3,500	3,500	1	4	4p	105
Hospital for Joint Diseases [1-3]	New York City	H. L. Jaffe	43	92,414	2,651	2,651	2	2	1a	80
Jewish Memorial Hospital [1-3]	New York City	A. Schwarz	97	109,130	2,028	1,919	1	2	2p	150
Knickerbocker Hospital [1-3]	New York City	W. B. Ober	97	70,028	1,577	1,563	1	2	1a	150
Lebanon Hospital [1-3]	New York City	J. C. Ehrlich	113	182,193	4,082	4,082	..	4	3p	100
Lenox Hill Hospital [1-3]	New York City	S. R. Opler	150	103,227	4,555	3,192	1	4	4p	180
Lincoln Hospital [1-3]	New York City	H. Lepow	158	144,963	2,915	2,915	1	2	4p	105
Memorial Center for Cancer and Allied Diseases [1-3]	New York City	F. W. Stewart	451	467,947	18,168	18,168	..	10	3a	300
* James Ewing Hospital			...	......	.....	.....	..	..	..	...
Memorial Hospital			...	......	.....	.....	..	..	..	...
Misericordia Hospital [1-3]	New York City	H. D. Bucalo, Jr.	46	63,563	4,018	2,000	1	1	1a	125
Montefiore Hospital [1-3]	New York City	H. Zimmerman	402	251,996	5,393	5,393	2	7	3p	187
Morrisania City Hospital [1-3]	New York City	M. R. Dacso	296	131,230	2,356	2,325	2	4	4p	105
Mount Sinai Hospital [1-3]	New York City	H. Popper	406	399,258	10,030	10,030	5	11	4p	75
New York Hospital [1-3]	New York City	J. G. Kidd-J. Pearce	482	484,928	8,754	8,006	2	5	4p	164
New York Medical College-Metropolitan Medical Center										
Flower and Fifth Avenue Hospitals [1-3]	New York City	F. Speer	97	186,508	6,985	5,761	2	6	4p	...
Metropolitan Hospital [1-3]	New York City	F. Speer	317	327,842	3,535	3,464	1	4	4p	165
New York Polyclinic Medical School and Hospital [1]	New York City	W. E. Finkelstein	103	91,007	4,503	4,344	1	2	3p	125
New York University-Bellevue Medical Center										
University Hospital	New York City	M. Richter	166	1,024,356	6,009	5,279	1	3	2a	165
Presbyterian Hospital [1]	New York City	H. P. Smith-R. Lattes	584	541,010	9,944	9,944	2	7	4p	250
Roosevelt Hospital [1]	New York City	B. Kalfayan	171	165,582	4,298	4,298	2	3	2a	133
St. Barnabas Hospital for Chronic Diseases [1-3]	New York City	G. K. Higgins	167	100,366	1,449	1,449	1	3	2p	75
St. Clare's Hospital [1-3]	New York City	J. M. Ravid	121	121,587	3,549	3,549	1	2	2p	200
St. Francis Hospital [1-3]	New York City	T. Ehrenreich	78	114,417	2,620	2,620	1	1	1p	125
St. Luke's Hospital [1-3]	New York City	C. F. Begg	210	176,540	3,800	3,800	1	4	4p	100
St. Vincent's Hospital [1-3]	New York City	A. Rottino	439	274,925	4,765	4,765	1	3	3a	200
Veterans Admin. Hospital (Bronx) [1-3-24]	New York City	B. S. Gordon	422	523,088	4,104	4,104	2	5	4p	...
Veterans Admin. Hospital (Manhattan) [1-3]	New York City	S. L. Wilens	343	390,434	3,615	3,326	2	6	4p	...
United Hospital [1-3]	Port Chester, N. Y.	M. Loder	80	94,250	4,530	982	1	1	1p	200
Vassar Brothers Hospital	Poughkeepsie, N. Y.		143	109,948	3,958	3,500	1	2	2p	...
Genesee Hospital [1-3]	Rochester, N. Y.	J. Abbott	273	174,584	4,871	4,823	1	2	2a	175
Rochester General Hospital [1-3]	Rochester, N. Y.	M. G. Bohrod	302	212,951	10,785	8,088	2	8	4p	125
St. Mary's Hospital [1-3]	Rochester, N. Y.	J. Adler	250	161,119	4,451	3,780	1	4	4p	230
Strong Memorial-Rochester Municipal Hospital [1-3]	Rochester, N. Y.	J. L. Orbison	566	......	5,543	5,543	4	10	3a	117
Ellis Hospital [1-3]	Schenectady, N. Y.	E. Kellert	230	252,541	5,418	5,418	2	3	3p	150
St. Vincent's Hospital [1-3]	Staten Island, N. Y.	V. Kogan	109	92,514	3,087	3,069	1	1	1a	240
Sea View Hospital [1-3-13]	Staten Island, N. Y.	V. Altmann	129	125,429	267	267	1	1	1a	157
Staten Island Hospital [1-3]	Staten Island, N. Y.	V. Altmann	96	779,807	2,093	2,093	1	1	1a	200
St. Joseph's Hospital [1-3]	Syracuse, N. Y.	H. J. Dick	154	162,155	3,500	3,500	1	1	2p	233
State University of New York										
Upstate Medical Center [1-3]	Syracuse, N. Y.	J. H. Ferguson	402	......	8,447	8,447	2	6	3a	233
Veterans Admin. Hospital [1-3]	Syracuse, N. Y.	J. A. Schaefer	157	146,578	2,034	1,994	1	1	3p	...
Samaritan Hospital [1-3]	Troy, N. Y.	C. G. Burn	121	75,720	2,000	2,000	1	1	1a	300
Utica State Hospital [1-3]	Utica, N. Y.	N. M. Levine	81	75,274	144	144	1	2	4p	487
Grasslands Hospital [1-3]	Valhalla, N. Y.	V. A. Bradess	634	280,776	3,636	3,001	1	3	4p	175
St. John's Riverside Hospital [1-3]	Yonkers, N. Y.	C. De Angelis	79	68,764	1,802	1,706	[illegible]	1	1p	250
North Carolina Memorial Hospital [1-3]	Chapel Hill, N. C.	K. M. Brinkhous	275	23,721	12,403	12,403	3	12	4p	208
Charlotte Memorial Hospital [1]	Charlotte, N. C.	F. Germuth, Jr.	247	176,333	7,809	7,655	1	4	4p	250
Presbyterian Hospital	Charlotte, N. C.	H. L. Large	104	115,670	4,773	4,614	1	2	2a	250
Duke University Affiliated Hospitals										
Duke Hospital [1-3]	Durham, N. C.	W. D. Forbus	354	638,879	7,398	7,398	1	4	4p	150
Veterans Admin. Hospital [1-3]	Durham, N. C.	R. D. Baker	175	182,658	2,318	2,318	..	4	4p	...
Watts Hospital [1-3]	Durham, N. C.	J. U. Gunter	85	174,273	5,304	5,300	..	1	2p	325
Moses H. Cone Memorial Hospital [1-3]	Greensboro, N. C.	H. Z. Lund	180	103,821	4,767	4,029	1	4	4p	400
Veterans Admin. Hospital [1]	Oteen, N. C.	O. Kanner	176	304,183	1,683	1,683	1	1	1p	...

Numerical and other references will be found on pages 640 through 642.

16. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
North Carolina Baptist Hospital [1-3]	Winston-Salem, N. C.	R. P. Morehead	280	....	38,949	38,949	2	7	4[P]	168
Akron City Hospital [1-3]	Akron, Ohio	L. Catron	388	323,543	8,110	8,110	1	3	4[P]	250
Akron General Hospital [1]	Akron, Ohio	G. R. Dochat	206	208,628	6,465	5,338	2	8	4[P]	250
Aultman Hospital [1-3]	Canton, Ohio	F. J. Raisch	198	286,108	20,704	20,704	1	4	4[P]	275
Mercy Hospital [1-3]	Canton, Ohio	A. Raftery	213	175,673	3,533	3,148	1	4	4[P]	200
Bethesda Hospital [1-3]	Cincinnati	J. Hamblet	253	58,026	4,200	3,253	1	3	3[P]	200
University of Cincinnati College of Medicine Hospital Group										
Cincinnati General Hospital [1-3]	Cincinnati	E. A. Gall	630	143,387	4,626	4,626	3	7	4[P]	100
Good Samaritan Hospital [1-3]	Cincinnati	L. Z. Gordon	243	224,000	12,387	5,153	1	3	3[a]	250
Jewish Hospital [1-3]	Cincinnati	P. Wasserman	202	298,435	7,748	6,744	1	4	3[P]	185
Cleveland Clinic Hospital [1-3]	Cleveland	J. B. Hazard	330	668,984	8,884	8,880	2	8	4[P]	175
Cuyahoga County hospital [1-3]	Cleveland	T. D. Kinney	344	290,653	2,829	2,829	6	12	4[P]	162
Evangelical Deaconess Hospital [1]	Cleveland	V. S. Hirsch	127	86,085	3,285	3,285	..	..	2[a]	225
Huron Road Hospital [1-3]	Cleveland	E. Goodsitt	180	218,864	5,506	5,506	2	2	4[P]	210
Lutheran Hospital [1-3]	Cleveland	W. Sinclair, Jr.	141	82,774	2,716	2,023	1	3	2[P]	250
Mount Sinai Hospital [1-3]	Cleveland	H. Goldblatt	291	409,786	6,808	6,808	1	4	4[P]	215
St. Luke's Hospital [1-3]	Cleveland	R. Dominguez	280	343,644	6,141	5,743	1	4	4[P]	140
St. Vincent Charity Hospital [1-3]	Cleveland	J. S. Mackrell, Jr.	202	216,882	4,984	4,984	2	8	4[P]	210
University Hospitals [1-3]	Cleveland	A. R. Moritz	493	487,085	9,601	9,601	3	10	4[P]	150
Veterans Admin. Hospital [1-3-318]	Cleveland	J. R. Kahn	280	275,737	3,387	3,080	1	4	4[P]	...
Children's Hospital [1]	Columbus, Ohio	W. A. Newton, Jr.	198	107,867	2,814	2,761	1	3	1[P]	175
Grant Hospital	Columbus, Ohio	B. H. Hurd	135	131,300	5,481	5,467	2	2	1[a]	300
Ohio State University Hospitals										
University Hospital [1-3]	Columbus, Ohio	E. Von Haam	655	829,749	50,145	50,145	4	16	4[P]	177
White Cross Hospital [1-3]	Columbus, Ohio	R. J. Johansmann	170	216,096	10,095	10,095	1	3	3[a]	280
Miami Valley Hospital [1-3]	Dayton, Ohio	M. Oosting	804	441,184	8,909	8,909	3	12	4[P]	200
Veterans Admin. Hospital [1-3]	Dayton, Ohio	G. P. Herrera	291	201,418	1,865	1,865	1	1	3[P]	...
Elyria Memorial Hospital [1-3]	Elyria, Ohio	R. G. Thomas	96	110,628	12,944	12,944	2	2	2[P]	270
Mercy Hospital [1-3]	Hamilton, Ohio	K. Lande	186	119,602	2,034	2,034	1	3	1[a]	200
St. Rita's Hospital [1-3]	Lima, Ohio	C. L. Blumstein	295	146,181	4,544	3,452	1	4	4[P]	400
Springfield City Hospital [1-3]	Springfield, Ohio	R. E. Wybel	167	117,278	4,687	3,841	1	2	2[a]	300
Maumee Valley Hospital [1-3]	Toledo, Ohio	J. G. Snavely	148	116,993	1,315	1,215	1	1	4[P]	285
Mercy Hospital [1-3]	Toledo, Ohio	E. L. Burns	197	156,162	6,098	5,056	1	4	4[P]	275
St. Vincent's Hospital [1-3]	Toledo, Ohio	M. F. Vidoli	265	212,680	6,735	4,821	2	2	2[a]	325
Toledo Hospital [1-3]	Toledo, Ohio	B. Steinberg	262	138,721	4,949	4,614	1	4	4[P]	275
Trumbull Memorial Hospital [1]	Warren, Ohio	R. J. Williams	135	94,209	3,604	3,422	1	2	2[a]	300
St. Elizabeth Hospital [1-3]	Youngstown, Ohio	J. Lo Cricchio	205	181,080	9,088	7,156	1	2	4[P]	300
Youngstown Hospital [1-3]	Youngstown, Ohio	A. E. Rappoport	481	352,441	6,819	6,064	2	8	4[P]	325
St. Anthony Hospital	Oklahoma City	W. T. Snoddy	147	241,273	7,294	5,431	1	3	4[P]	300
University of Oklahoma Hospitals [1-3-329]	Oklahoma City	W. E. Jaques	295	240,577	4,425	3,501	1	4	4[P]	200
Hillcrest Medical Center [1]	Tulsa, Okla.	L. Lowbeer	192	150,379	6,961	5,100	2	6	4[P]	200
St. John's Hospital	Tulsa, Okla.	E. E. Palik	213	271,611	8,511	6,586	2	8	4[P]	175
Emanuel Hospital [1-3]	Portland, Ore.	V. D. Sneeden	288	210,507	8,862	6,632	1	3	3[a]	275
Good Samaritan Hospital [1-3]	Portland, Ore.	W. L. Lehman	177	335,872	12,049	9,944	1	4	4[P]	275
Providence Hospital [1-3]	Portland, Ore.	J. Minckler	242	351,519	4,164	3,552	1	4	4[P]	275
St. Vincent's Hospital [1-3]	Portland, Ore.	J. E. Nohlgren	276	268,140	10,253	9,053	1	4	4[P]	275
University of Oregon Medical School Hospitals and Clinics [1-3]	Portland, Ore.	W. C. Hunter-R. Grondahl	416	287,318	3,687	3,687	4	8	4[P]	125
Veterans Admin. Hospital [1-3-334]	Portland, Ore.	E. J. Losli	313	196,094	3,050	3,000	1	1	2[a]	...
Abington Memorial Hospital [1-3]	Abington, Pa.	J. W. Elman	262	262,510	3,585	3,585	1	4	4[P]	150
Allentown Hospital [1-3]	Allentown, Pa.	R. E. Bovard	318	284,998	5,800	5,163	1	4	4[P]	225
Sacred Heart Hospital [1-3]	Allentown, Pa.	D. E. Stader	115	154,880	5,977	5,648	1	2	2[a]	225
Altoona Hospital [1-3]	Altoona, Pa.	G. J. Held, Jr.	131	134,906	4,429	4,429	2	2	2[a]	325
St. Luke's Hospital [1-3]	Bethlehem, Pa.	E. J. Benz	257	164,635	5,248	5,248	2	2	4[P]	225
Bryn Mawr Hospital [1-3]	Bryn Mawr, Pa.	M. M. Strumia	217	261,183	4,644	4,267	1	4	4[P]	200
Chester Hospital [1]	Chester, Pa.	G. B. Sickel	186	137,087	2,783	2,783	2	3	2[a]	350
Geo. F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	T. K. Hepler	150	200,826	3,383	3,305	1	3	4[P]	175
Thomas M. Fitzgerald-Mercy Hospital	Darby, Pa.	W. H. Miller	155	118,914	2,797	2,797	2	8	4[P]	200
Hamot Hospital [1-3]	Erie, Pa.	E. L. Armstrong	222	341,200	7,235	6,798	1	4	4[P]	250
St. Vincent's Hospital [1-3]	Erie, Pa.	R. B. Eisenberg	171	170,950	4,676	4,651	1	4	4[P]	250
Harrisburg Hospital [1-3]	Harrisburg, Pa.	F. W. Brason	345	351,379	17,858	17,808	1	4	4[P]	250
Harrisburg Polyclinic Hospital	Harrisburg, Pa.	J. S. Forrester	247	257,318	7,225	5,808	1	1	2[a]	250
Conemaugh Valley Memorial Hospital [1-3]	Johnstown, Pa.	W. W. Ayres	165	217,012	6,611	5,425	2	8	4[P]	300
Lancaster General Hospital [1-3]	Lancaster, Pa.	W. M. O'Donnell	212	168,927	4,380	4,380	2	4	2[a]	200
St. Joseph's Hospital [1]	Lancaster, Pa.	H. Shaub	147	124,708	4,923	4,822	1	2	2[a]	300
Montgomery Hospital	Norristown, Pa.	H. T. Tamaki	125	85,000	2,100	2,100	1	2	2[P]	250
Albert Einstein Medical Center										
Northern Division	Philadelphia	H. Brody	315	238,654	5,643	5,643	2	6	4[P]	125
Southern Division [1-3]	Philadelphia	D. Meranze	154	190,389	5,292	5,292	2	4	4[P]	125
Episcopal Hospital [1-3]	Philadelphia	A. D. Wallis	167	166,370	2,527	2,527	1	1	4[P]	150
Frankford Hospital [1-3]	Philadelphia	L. Rauer	167	141,795	3,379	3,379	1	3	2[P]	250
Germantown Dispensary and Hospital [1-3]	Philadelphia	F. Fite	180	118,439	4,572	4,572	1	4	4[P]	175
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	A. Valdes-Dapena	148	182,311	3,600	3,600	2	3	3[a]	100
Hahnemann Medical College and Hospital [1-3]	Philadelphia	J. E. Imbriglia	310	298,556	6,000	6,000	2	6	4[P]	75
Hospital of the University of Pennsylvania [1-3]	Philadelphia	H. T. Enterline-R. Norris	378	479,725	8,750	8,750	3	12	4[P]	150
Hospital of the Woman's Medical College of Pennsylvania [1-3]	Philadelphia	I. N. Dubin	141	91,761	2,143	2,135	1	4	4[P]	110
Jefferson Medical College Hospital [1-3]	Philadelphia	P. A. Herbut	357	296,743	7,862	7,862	2	8	4[P]	150
Lankenau Hospital [1-3]	Philadelphia	C. E. Brown	239	189,333	4,880	4,880	1	4	4[P]	200
Misericordia Hospital [1]	Philadelphia	H. E. Marx	180	145,056	4,404	4,404	1	2	2[P]	250
Pennsylvania Hospital [1-3]	Philadelphia	A. R. Crane	270	341,632	6,432	6,432	4	4	4[P]	100
Philadelphia General Hospital [1-3]	Philadelphia	W. Ehrich	1,265	734,490	6,080	6,080	3	7	4[P]	121
Presbyterian Hospital [1-3]	Philadelphia	R. P. Custer	234	169,311	4,773	4,373	2	8	4[P]	175
Temple University Hospital [1-3]	Philadelphia	E. E. Aegerter	813	555,648	8,000	8,000	4	12	4[P]	...
Veterans Admin. Hospital [1-3]	Philadelphia	S. Bornstein	287	309,773	1,948	1,948	3	3	3[a]	...
Allegheny General Hospital [1]	Pittsburgh	R. C. Grauer	277	206,728	4,654	4,654	1	4	4[P]	300
Health Center Hospitals of the University of Pittsburgh School of Medicine										
Children's Hospital [1-3]	Pittsburgh	G. H. Fetterman	193	109,178	1,509	1,509	2	3	1[P]	125

Numerical and other references will be found on pages 640 through 642.

16. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Starting Stipend (Months)
Elizabeth Steel Magee Hospital [1-2]	Pittsburgh	J. C. Henthorne	212	168,429	4,911	4,911	1	1		125
Presbyterian Hospital [1-2]	Pittsburgh	T. Moran	648	423,070	12,174	12,174	5	11		125
Mercy Hospital [1-2]	Pittsburgh	M. M. Bracken	190	321,385	8,037	7,070	1	4		225
Montefiore Hospital [1]	Pittsburgh	K. Y. Yardumian	154	151,141	6,125	4,661	1	3		225
St. Francis General Hospital and Rehabilitation Institute [1-2]	Pittsburgh	R. C. Hamilton	225	217,442	3,686	3,669	1	4		225
St. Margaret Memorial Hospital [1-2]	Pittsburgh	J. F. Kurtz	66	67,048	2,142	2,142	1	1		200
Shadyside Hospital [1-2]	Pittsburgh	E. L. Heller	200	117,415	3,861	2,641	1	4		400
South Side Hospital [1-2]	Pittsburgh	L. Goodman	163	136,505	2,582	2,582	1	2		250
Veterans Admin. Hospital [1-2]	Pittsburgh	E. R. Fisher	426	328,863	2,986	2,986	2	8		...
Western Pennsylvania Hospital [1]	Pittsburgh	R. G. McManus	263	218,496	7,098	6,915	2	8		225
Community General Hospital [1]	Reading, Pa.	H. S. Cook	127	79,732	3,086	2,971	2	2		200
Reading Hospital [1-2]	Reading, Pa.	W. P. Jennings	297	182,936	3,816	3,816	2	8		225
St. Joseph's Hospital [1]	Reading, Pa.	G. Desjardins	148	156,665	16,120	5,840	1	2		...
Robert Packer Hospital [1-2]	Sayre, Pa.	C. H. De Wan	150	208,221	4,251	3,450	1	3		225
Scranton State Hospital [1-2]	Scranton, Pa.	J. J. O'Connor, Jr.	117	102,220	1,812	1,494	1	1		333
Wilkes-Barre General Hospital [1-2]	Wilkes-Barre, Pa.	C. E. Rodriguez	101	125,409	3,450	3,019	1	1		225
Williamsport Hospital [1-2]	Williamsport, Pa.	M. G. Colvin	126	149,643	5,346	4,774	..	1		225
York Hospital [1]	York, Pa.	J. M. Smith	233	168,581	7,040	7,040	1	2		300
Newport Hospital [1-2]	Newport, R. I.	W. Freeman-R. M. Webster	98	112,602	4,475	3,281	1	1		150
Memorial Hospital [1-2]	Pawtucket, R. I.	G. P. Paparo	129	132,185	3,637	2,874	1	4		...
Rhode Island Hospital [1-2]	Providence, R. I.	H. Fanger	340	367,119	11,338	11,338	2	8		125
Teaching Hospitals of the Medical College of South Carolina	Charleston, S. C.	K. M. Lynch	504	284,478	28,465	24,594	4	16		137
Medical College Hospital			...	...	...	...	...	...		...
Roper Hospital			...	...	...	...	...	...		...
Greenville General Hospital [1]	Greenville, S. C.	E. A. Dreskin	253	213,154	14,985	6,772	1	3		150
Spartanburg General Hospital [1]	Spartanburg, S. C.	J. R. Cain	221	208,085	7,498	7,498	1	1		200
Baroness Erlanger Hospital [1-2]	Chattanooga, Tenn.	J. W. Adams	449	295,344	17,041	17,041	1	4		250
East Tennessee Baptist Hospital [1-2]	Knoxville, Tenn.	R. J. Leffler	122	113,810	5,621	5,059	1	2		300
St. Mary's Memorial Hospital [1-2]	Knoxville, Tenn.	G. Mahon	128	126,586	5,704	3,735	2	4		250
University of Tennessee Memorial Research Center and Hospital [1-2]	Knoxville, Tenn.	F. S. Jones	124	116,010	1,966	1,543	1	2		220
Baptist Memorial Hospital [1-2]	Memphis, Tenn.	M. L. Trumbull	306	279,355	14,210	12,466	2	8		310
City of Memphis Hospitals [1-2]	Memphis, Tenn.	D. H. Spruntt	636	90,654	6,909	6,909	6	16		150
Methodist Hospital	Memphis, Tenn.	W. W. Tribby	101	104,821	8,067	7,741	1	3		220
St. Joseph Hospital [1-2]	Memphis, Tenn.	L. Prieto	129	131,279	4,785	4,785	1	2		250
Veterans Admin. Hospital [1-2]	Memphis, Tenn.	J. M. Young	356	349,719	4,981	4,397	1	2		...
Baptist Hospital [1-2]	Nashville, Tenn.	F. Womack	90	175,271	6,787	4,658	1	2		300
George W. Hubbard Hospital [1-2]	Nashville, Tenn.	J. R. Cuff	166	2,667	2,060	2,060	2	4		200
Nashville General Hospital [1-2]	Nashville, Tenn.	W. A. De Monbreun	94	143,458	7,709	7,602	1	2		175
Vanderbilt University Hospital [1-2]	Nashville, Tenn.	J. L. Shapiro	252	188,610	3,394	3,140	2	5		50
Oak Ridge Institute of Nuclear Studies [1-2-22]	Oak Ridge, Tenn.	C. H. Steffee	27	19,294	862	862	..	2		167
Brackenridge Hospital [1-2]	Austin, Texas	J. R. Rainey, Jr.	137	73,456	2,896	2,442	1	1		200
Baylor University Hospital [1-2]	Dallas, Texas	J. M. Hill	288	348,220	13,298	12,856	3	9		175
Methodist Hospital [1-2]	Dallas, Texas	A. B. Cairns	99	72,370	6,329	4,339	1	3		275
Parkland Memorial Hospital [1-2]	Dallas, Texas	C. Ashworth	372	651,208	6,111	6,111	2	6		150
St. Paul's Hospital [1-2]	Dallas, Texas	J. L. Kinforth	270	240,873	14,949	11,654	2	8		150
Harris Hospital [1]	Fort Worth, Texas	C. D. Fitzwilliams-R. C. Schaffer	179	221,705	8,989	8,676	1	4		200
St. Joseph's Hospital [1]	Fort Worth, Texas	O. J. Wollenman, Jr.	201	169,357	5,413	3,960	1	4		200
University of Texas Medical Branch Hospitals [1-2]	Galveston, Texas	H. Hopps	386	277,415	6,000	5,866	2	8		160
Baylor University College of Medicine Affiliated Hospitals										
Jefferson Davis Hospital [1-2]	Houston, Texas	S. A. Wallace	510	411,845	4,685	4,625	2	9		75
Methodist Hospital [1-2]	Houston, Texas	J. P. Abbott	222	434,621	13,011	7,281	1	4		220
Texas Children's Hospital [1-2]	Houston, Texas	H. Rosenberg	108	166,486	2,167	1,097	1	1		200
Veterans Admin. Hospital [1-2]	Houston, Texas	B. Halpert	397	436,686	2,820	2,680	2	5		...
Hermann Hospital [1-2]	Houston, Texas	W. G. Brown	254	455,147	13,557	13,442	1	4		125
Memorial Hospital [1-2]	Houston, Texas	F. Leidler	155	162,581	7,877	7,607	1	2		220
St. Joseph's Hospital [1-2]	Houston, Texas	P. M. Marcuse	160	247,908	6,888	5,875	1	2		220
University of Texas M. D. Anderson Hospital and Tumor Institute [1-2]	Houston, Texas	W. O. Russell	295	226,304	7,017	7,017	1	14		150
Veterans Admin. Hospital [1-2]	McKinney, Texas	R. D. Reed	102	141,800	1,574	1,574	1	1		...
Baptist Memorial Hospital [1-2]	San Antonio, Texas	A. O. Severance	182	220,544	5,273	4,958	1	4		150
Robert B. Green Memorial Hospital [1-2]	San Antonio, Texas	D. L. Galindo	385	218,159	3,661	3,661	2	4		150
Santa Rosa Hospital [1-2]	San Antonio, Texas	N. H. Jacob	365	211,033	6,066	4,976	1	4		250
Scott and White Memorial Hospitals [1-2]	Temple, Texas	W. S. Powell-J. C. Stinson	85	256,573	8,300	7,929	1	3		300
St. Benedict's Hospital [1-2]	Ogden, Utah	R. C. Ellis	87	120,002	4,258	2,388	1	1		250
Thomas D. Dee Memorial Hospital [1]	Ogden, Utah	W. A. Bennett	197	127,036	5,877	4,487	1	2		225
Dr. W. H. Groves Latter-Day Saints Hospital [1-2]	Salt Lake City	J. Carlquist	244	250,648	7,548	5,422	1	4		250
Holy Cross Hospital [1-2]	Salt Lake City	C. McNeil	107	122,111	5,565	3,670	1	2		175
Salt Lake County General Hospital [1]	Salt Lake City	W. Carnes	225	83,510	1,670	1,040	2	4		220
Veterans Admin. Hospital [1-2]	Salt Lake City	T. H. Coehran	90	84,355	999	787	1	2		...
University of Vermont Affiliated Hospitals			...	...	...	...	...	...		...
De Goesbriand Memorial Hospital	Burlington, Vt.	E. Stark	106	56,570	1,582	1,582	1	4		167
Mary Fletcher Hospital [1-2]	Burlington, Vt.	R. Coon	227	87,779	3,753	3,409	2	8		160
University of Virginia Hospital [1-2]	Charlottesville, Va.	J. R. Cash-O. B. Bobbitt	381	380,000	13,549	13,549	3	7		200
Memorial Hospital [1-2]	Danville, Va.	J. W. Hooker	129	107,473	6,248	6,248	1	4		...
Lynchburg General Hospital [1-2]	Lynchburg, Va.	M. Bouton	86	55,094	2,221	2,221	2	2		200
Riverside Hospital [1-2]	Newport News, Va.	M. F. Sherrill	75	59,210	3,194	3,194	1	1		250
De Paul Hospital [1-2]	Norfolk, Va.	A. F. Strauss	225	221,214	7,908	7,460	2	4		200
Norfolk General Hospital [1-2]	Norfolk, Va.	J. J. Marra-E. D. Levy	209	175,804	8,089	7,775	1	4		200
Johnston-Willis Hospital [1-2]	Richmond, Va.	J. L. Thornton	122	72,344	2,927	2,927	1	1		250
Medical College of Virginia-Hospital Division [1-2]	Richmond, Va.	F. L. Apperly-H. G. Kupler	643	572,807	9,943	9,057	1	9		75

Numerical and other references will be found on pages 948 through 962.

16. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of Autopsies	Total Number of Laboratory Examinations	Number of Surgical Specimens	Number Examined Microscopically	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Programs (Years)	Beginning Stipend (Month)
Richmond Memorial Hospital [1]	Richmond, Va.	W. M. Monroe	58	113,521	3,084	3,084	..	..	1*	300
Veterans Admin. Hospital [1-2]	Richmond, Va.	J. R. Kriz	228	220,735	2,585	2,380	1	2	4*	...
Doctors Hospital [1-2]	Seattle	G. W. Tooley	165	111,284	6,889	4,959	1	2	3*	250
Providence Hospital [1-2]	Seattle	D. G. Mason	208	132,554	6,790	4,498	2	2	3*	215
Swedish Hospital [1-2]	Seattle	P. K. Lund	280	180,678	10,220	10,044	1	4	4*	225
University of Washington Affiliated Hospitals										
King County Hospital Unit No. 1 (Harborview) [1]	Seattle	I. I. Schuldberg	726	206,528	8,747	8,352	1	4	4*	125
Veterans Admin. Hospital [1-2]	Seattle	D. V. Brown	243	83,179	1,586	1,502	1	4	3*	...
Virginia Mason Hospital [1-2]	Seattle	H. W. Jones	221	222,305	9,958	8,645	1	1	4*	150
Deaconess Hospital [1-2]	Spokane, Wash.	T. E. Ludden	216	127,257	4,464	3,278	1	1	3*	300
Sacred Heart Hospital [1]	Spokane, Wash.	J. Hill- J. D. MacCarthy	267	181,784	8,083	7,929	2	6	3*	250
St. Luke's Hospital	Spokane, Wash.	O. O. Christianson	117	142,015	3,344	2,149	1	1	3*	225
St. Joseph Hospital [1]	Tacoma, Wash.	C. R. McColl	106	101,869	4,201	4,541	2	4	3*	300
Tacoma General Hospital [1-2]	Tacoma, Wash.	C. P. Larson	149	86,101	11,146	9,765	1	4	4*	250
Beckley Memorial Hospital [1]	Beckley, W. Va.	W. A. Laqueur	98	96,164	2,400	2,380	1	1	1*	300
Charleston General Hospital [1-2]	Charleston, W. Va.	W. Putschar	102	82,873	2,986	2,949	1	3	3*	225
Memorial Hospital [1-2]	Charleston, W. Va.	G. B. Swoyer	135	114,097	3,859	3,859	1	2	3*	250
St. Mary's Hospital [1-2]	Clarksburg, W. Va.	H. Fischer	64	108,258	3,023	1,940	1	1	3*	300
Cabell Huntington Hospital [1-2]	Huntington, W. Va.	S. Werthammer- J. E. Sadka	70	59,804	3,505	3,140	1	3	3*	250
St. Mary's Hospital [1-2]	Huntington, W. Va.	S. Werthammer	112	239,502	5,318	4,983	..	..	3*	275
Veterans Admin. Hospital [1-2]	Martinsburg, W. Va.	R. G. Gottschalk	139	226,473	1,435	1,130	1	1	3*	...
Ohio Valley General Hospital [1-2]	Wheeling, W. Va.	H. G. Little	153	116,118	5,166	4,438	1	4	4*	300
St. Agnes Hospital [1]	Fondulac, Wis.	R. W. Steube	115	140,305	5,558	2,732	1	2	2*	300
Madison General Hospital [1-2]	Madison, Wis.	P. G. Piper	173	131,956	6,847	6,397	1	2	4*	175
University Hospitals [1-2]	Madison, Wis.	W. D. Stovall- D. M. Angevine	356	222,042	5,531	5,474	2	5	4*	100
Columbia Hospital [1-2][79]	Milwaukee	G. Ritchie	152	95,392	4,141	2,766	1	4	4*	245
Evangelical Deaconess Hospital [1-2]	Milwaukee	R. S. Haukohl	174	86,272	4,734	3,692	1	3	4*	300
Milwaukee County Hospital [1-2]	Milwaukee	P. Klimmelstiel	672	348,751	3,226	3,226	2	8	4*	267
Milwaukee Hospital [1-2]	Milwaukee	E. A. Birge	185	172,478	6,482	5,556	1	2	4*	270
St. Joseph's Hospital [1-2]	Milwaukee	C. H. Altshuler	177	186,711	6,595	5,286	1	4	4*	280
St. Luke's Hospital [1-2]	Milwaukee	B. E. Clarke	146	125,482	2,840	2,066	1	4	4*	275
St. Mary's Hospital [1-2-249]	Milwaukee	S. B. Pessin	152	107,480	5,580	3,754	1	4	4*	300
Veterans Admin. Hospital [1-2]	Milwaukee (Wood), Wis.	R. M. Maynard	454	306,167	2,619	2,427	2	6	4*	...
Gorgas Hospital [1]	Ancon, C. Z.	H. Mondragon	292	317,012	2,532	2,532	1	4	4*	345
Queen's Hospital [1-2]	Honolulu, T. H.	W. H. Civin	237	181,511	6,563	6,237	1	4	4*	150
St. Francis Hospital [1-2]	Honolulu, T. H.	R. Chappell	96	153,238	14,019	8,139	1	2	2*	150
Aguadilla District Hospital	Aguadilla, P. R.	D. A. Jutzy	211	61,548	1,458	.....	1	1	1*	250
Arecibo District Hospital	Arecibo, P. R.	M. A. de J. Gonzales	195	114,707	892	892	..	..	1*	250
Bayamon Charity District Hospital [1-2]	Bayamon, P. R.	R. R. Weiser	313	113,512	3,233	3,233	1	4	4*	250
San Juan City Hospital [1-2]	San Juan, P. R.	E. Koppisch	377	265,784	2,542	2,514	2	5	3*	150
Veterans Admin. Hospital	San Juan, P. R.	F. M. Reyes	62	83,712	2,331	2,331	1	2	1*	...
Dr. I. Gonzales Oncologic Hospital [44]	Santurce, P. R.	R. A. Marcial-Kovas	25	12,000	4,177	3,937	1	2	1*	300

17. PEDIATRIC ALLERGY

Residency programs in the following hospitals have been approved for TWO years of training by the Council, the American Academy of Pediatrics, the American Board of Pediatrics, and the Sub-Specialty Board of Pediatric Allergy, through the Residency Review Committee for Pediatrics. (Applicants intending to qualify for examination by the Sub-Specialty Board of Pediatric Allergy of the American Board of Pediatrics, should refer to the Board Requirements on Page 670, and the explanatory footnote (*) on "Mixed," "Adult" and "Pediatric" categories below.)

Hospitals, 15.

Name of Hospital	Location	Chief of Service
University of California Hospital	Los Angeles	E. M. Helmlich
University of California Hospital	San Francisco	W. C. Deamer-T. L. Nelson
University of Colorado Medical Center		M. F. Smelzer
Colorado General Hospital	Denver	.....
Denver General Hospital	Denver	.....
Children's Hospital	Washington, D. C.	R. H. Todd
Michael Reese Hospital	Chicago	M. M. Mosko-A. Matheson
Children's Medical Center	Boston	H. L. Mueller
*Mayo Foundation	Rochester, Minn.	G. B. Logan
*Children's Hospital	Buffalo	V. L. Cohen
*Roosevelt Hospital	New York City	R. A. Cooke
*Strong Memorial—Rochester Municipal Hospitals	Rochester, N. Y.	J. Glaser
Duke Hospital	Durham, N. C.	S. C. Dees
*Rhode Island Hospital	Providence, R. I.	S. S. Freedman
Children's Medical Center	Dallas, Texas	S. Halpern
*University Hospitals	Madison, Wis.	S. B. Crepea

* The total residency programs in Allergy at these centers also include Adult Allergy. Accordingly, residency programs in centers with the symbol (*) are in the "Mixed" category referred to under Board Requirements on page 680. Reference should also be made to the listing of hospitals approved in Allergy on page 561. Residency programs in these hospitals are in the "Adult" category referred to under Board Requirements on page 680. All other residency programs listed above under Pediatric Allergy, are in the "Pediatric" category referred to on page 607.

Numerical and other references will be found on pages 649 through 662.

18. PEDIATRICS

Residency programs in the following hospitals have been approved by the Council, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, as offering full training in the specialty: (i. e., TWO or more years).

Hospitals, 234; Assistant Residencies and Residencies, 1,779

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Beginning Stipend (Month)
UNITED STATES AIR FORCE							
U. S. Air Force Hospital	San Antonio, Texas	J. P. Hough	800	11	2	4	...
UNITED STATES ARMY							
Letterman Army Hospital [1-3]	San Francisco	F. Bichusen	830	22	3	6	...
Fitzsimons Army Hospital [1-3]	Denver	H. J. Unmacht, Jr.	647	45	2	4	...
Army Medical Center [1-3]	Washington, D. C.	J. J. Geppert	1,002	45	3	6	...
William Beaumont Army Hospital [2]	El Paso, Texas	T. W. Culp	3,542	45	2	4	...
Brooke Army Hospital [1-3]	San Antonio, Texas		2,946	22	3	6	...
Madigan Army Hospital [1-3]	Tacoma, Wash.	E. J. Tomsovic	700	9	2	4	...
Tripler Army Hosp/tal [1-3]	Honolulu, T. H.	J. P. Fairchild	1,177	18	3	6	...
UNITED STATES NAVY							
U. S. Naval Hospital [1-3]	Oakland, Calif.	M. Kurzrok	1,002	16	3	5	...
U. S. Naval Hospital [1-3]	San Diego, Calif.	E. R. Moeller	1,287	25	3	6	...
U. S. Naval Hospital [1-3]	Bethesda, Md.	T. E. Cone, Jr.	1,143	..	3	6	...
U. S. Naval Hospital [1-3]	Chelsea, Mass.	A. M. Marcelleth	802	43	2	4	...
U. S. Naval Hospital [1-3]	Philadelphia	W. I. Neikirk	402	7	3	4	...
U. S. Naval Hospital [1-3]	Portsmouth, Va.	E. M. Leach	1,341	32	1	2	...
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE							
Freedmen's Hospital [1-3]	Washington, D. C.	R. B. Scott	673	6	1	5	300
NONFEDERAL							
University of Alabama Medical Center							
Children's Hospital [1-3]	Birmingham, Ala.	C. L. Lamar	3,156	31	2	3	143
University Hospital and Hillman Clinic [1-3]	Birmingham, Ala.	K. Hare	3,481	66	6	12	108
Lloyd Noland Hospital [1-3]	Fairfield, Ala.	G. C. McCullough	1,519	3	2	4	250
Mobile County Hospital [1-3]	Mobile, Ala.	J. H. Baumhauer	1,448	23	1	2	275
Maricopa County General Hospital [1-3]	Phoenix, Ariz.	C. A. Holmes	953	39	..	1	300
St. Joseph's Hospital [1-3]	Phoenix, Ariz.	J. Kaye	1,283	21	1	2	250
University Hospital [1-3]	Little Rock, Ark.	T. C. Panos	830	51	4	7	155
Kern County General Hospital [1]	Bakersfield, Calif.	J. Thorner	908	21	2	4	325
San Joaquin General Hospital [1]	French Camp, Calif.	W. T. Auld	756	19	1	2	200
General Hospital of Fresno County [1-3-5]	Fresno, Calif.	J. P. Conrad	1,654	22	2	4	300
California Babies' and Children's Hospital [1-3]	Los Angeles	T. L. Birnberg	1,274	..	1	2	200
Cedars of Lebanon Hospital [1-3]	Los Angeles	B. Kagan	1,738	19	2	8	265
Children's Hospital	Los Angeles	R. Ward	8,300	250	11	24	150
Los Angeles County Hospital [1]	Los Angeles	R. F. Chinnock	4,500	85	7	14	240
Queen of Angels Hospital [1-3]	Los Angeles	C. Mouton	1,312	4	1	2	300
University of California Hospital [1-3]	Los Angeles	J. M. Adams	1,526	65	3	9	229
White Memorial Hospital [1-3]	Los Angeles	R. F. Chinnock	701	15	2	4	215
Children's Hospital of the East Bay [1]	Oakland, Calif.	H. Long	7,419	78	6	12	225
Highland-Alameda County Hospital [1-3]	Oakland, Calif.	M. H. Schwartz	1,501	31	2	3	300
Kaiser Foundation Hospital [1-3]	Oakland, Calif.	A. Kerr	771	9	4	6	315
Children's Hospital [1-3]	San Francisco	F. B. Shaw	904	15	2	4	175
Department of Contagious Diseases		E. B. Shaw	436	5	..	..	175
Kaiser Foundation Hospital [1-3]	San Francisco	J. G. Smille	602	7	2	4	300
St. Luke's Hospital [1-3]	San Francisco	L. Hardgrave	622	5	1	2	325
St. Mary's Hospital [1-3]	San Francisco	R. Flood	2,227	6	1	2	200
Stanford University Hospitals							
San Francisco Hospital [1]	San Francisco	E. H. Senz	830	3	3	3	205
University Hospital [1-3]	San Francisco	R. Gross	482	47	3	7	100
University of California Hospitals							
San Francisco Hospital [1]	San Francisco	H. B. Bruyn	779	2	2	2	205
University Hospital [2]	San Francisco	W. C. Deamer	803	55	4	9	231
Santa Clara County Hospital [1-3]	San Jose, Calif.	R. D. Cutter	401	13	1	2	300
Harbor General Hospital [1]	Torrance, Calif.	A. J. Moss	1,359	27	3	6	246
Children's Hospital [1-3]	Denver	R. O. Sherberg	4,897	86	6	10	200
University of Colorado Medical Center							
Colorado General Hospital [1-3]	Denver	C. H. Kempe	550	52	8	22	180
Denver General Hospital [1-3]	Denver	C. H. Kempe	938	12	..	..	179
Hartford Hospital [1-3]	Hartford, Conn.	J. B. Griggs	901	14	1	2	125
St. Francis Hospital [1-3]	Hartford, Conn.	T. F. Murphy	849	8	2	3	175
Grace-New Haven Community Hospital [1-3-10]	New Haven, Conn.	N. K. Ordway-W. R. Wilson	967	60	5	9	140
Hospital of St. Raphael	New Haven, Conn.	P. F. McAleney	2,040	34	2	3	150
Delaware Hospital [1-3]	Wilmington, Del.	E. O. Y. Warren	2,319	40	2	4	220
Children's Hospital [1-3]	Washington, D. C.	R. H. Parrott	3,339	55	14	24	100
District of Columbia General Hospital [1-3]	Washington, D. C.	L. Hoeck	2,198	48	5	10	233
Georgetown University Hospital [1-3]	Washington, D. C.	F. G. Burke	1,361	31	4	7	175
Duval Medical Center [1-3]	Jacksonville, Fla.	J. K. Javid, Jr.	627	25	2	4	150
St. Vincent's Hospital [1]	Jacksonville, Fla.	H. Carithers	2,123	13	1	2	300
Jackson Memorial Hospital [1-3]	Miami, Fla.	R. B. Lawson	1,886	58	5	11	75
Crawford W. Long Memorial Hospital [1-3]	Atlanta, Ga.	J. H. Patterson	1,431	62	5	6	285
Georgia Baptist Hospital [1]	Atlanta, Ga.	J. Yampolsky	3,379	13	3	5	305
Grady Memorial Hospital [1]	Atlanta, Ga.	R. W. Blumberg	961	38	4	10	100
St. Joseph's Infirmary [1-3]	Atlanta, Ga.	C. D. Fowler	1,490	13	1	2	270
Medical College of Georgia Hospitals							
Eugene Talmadge Memorial Hospital [1-3]	Augusta, Ga.	V. Vaughan	214	30	4	9	250
University Hospital [1]	Augusta, Ga.	P. Ellington	4,354	58	1	3	200
Children's Memorial Hospital [1-3]	Chicago	J. A. Bigler	2,668	70	12	16	75
Cook County Hospital	Chicago	H. N. Sanford	8,074	548	8	17	140
Department of Contagious Diseases		A. L. Hoyne	1,086	19	..	1	140
Loyola University (Stritch School of Medicine) Affiliated Hospitals							
Mercy Hospital [1-3-22]	Chicago	W. H. Eighammer	1,468	11	6	9	200

Numerical and other references will be found on pages 940 through 942.

18. PEDIATRICS—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered*	Total Residencies Offered*	Starting Stipend (Month)
Michael Reese Hospital [1-2]	Chicago	J. Meteoff	4,548	151	7	14	125
Mount Sinai Hospital [1-2]	Chicago	I. M. Levin	868	36	2	3	225
Presbyterian-St. Luke's Hospital							
Presbyterian Hospital Division [1-2]	Chicago	F. C. Mill	1,435	25	1	2	125
St. Luke's Hospital Division [1-2]	Chicago	A. D. Bigrs	520	10	1	2	125
Provident Hospital [1-2]	Chicago	C. J. Runner	849	14	1	2	200
University of Chicago Clinics [1-2]	Chicago	F. H. Wright	1,298	37	6	13	200
University of Illinois Research and Educational Hospitals [1-2]	Chicago	H. N. Sanford	1,325	60	4	7	140
St. Francis Hospital [1]	Evanston, Ill.	J. B. Murphy	1,024	22	1	2	210
Little Company of Mary Hospital [1-2]	Evergreen Park, Ill.	E. G. Lawler	4,076	12	2	4	175
Indiana University Medical Center							
Indianapolis General Hospital [1-2]	Indianapolis	H. F. Call	5,300	72	..	..	205
Indiana University Medical Center Hospital [1]	Indianapolis	L. T. Meiks	1,786	89	..	..	165
Riley Hospital	Indianapolis				..	..	..
Methodist Hospital [1]	Indianapolis	P. Hedrick	2,402	17	1	2	278
St. Vincent's Hospital [1-2]	Indianapolis	H. E. Stadler	2,780	10	1	2	275
Iowa Methodist Hospital (Raymond Blank Memorial Hospital for Children) [1-2-112]	Des Moines, Iowa	L. F. Hill	4,801	72	4	8	200
State University of Iowa Hospitals [1-2]	Iowa City	W. W. McCrory	1,791	65	4	10	175
University of Kansas Medical Center [1-2]	Kansas City, Kan.	H. Miller	1,189	52	4	8	125
St. Joseph Infirmary [1-2]	Louisville, Ky.	M. Limper	3,275	23	2	4	210
University of Louisville Medical Center			7,800	111	15	30	83
Children's Hospital	Louisville, Ky.	J. A. Little	..	..	..	..	..
Louisville General Hospital [1-2]	Louisville, Ky.	A. J. Steigman	..	..	..	..	..
Charity Hospital of Louisiana							
Louisiana State University Unit [1]	New Orleans	R. L. Fowler	2,423	54	9	17	100
Tulane University Unit [1]	New Orleans	R. V. Platou	2,250	45	9	17	100
Confederate Memorial Medical Center [1]	Shreveport, La.	C. H. Webb	3,763	50	2	4	125
Baltimore City Hospitals [1-2]	Baltimore	H. E. Harrison	1,423	106	3	9	75
Johns Hopkins Hospital [1-2]	Baltimore	H. E. Cooke	1,915	106	12	32	100
Sinai Hospital [1-2]	Baltimore	H. H. Gordon	958	27	3	7	110
Union Memorial Hospital [1-2]	Baltimore	T. T. Burger	632	12	2	3	215
University Hospital [1]	Baltimore	... E. Bradley	813	41	3	7	75
Boston City Hospital [1-2]	Boston	S. S. Gellis	1,823	95	12	23	122
Boston Floating Hospital [1-2]	Boston	J. M. Baty	2,602	78	4	8	100
Children's Medical Center	Boston	C. A. Janeway	1,492	125	5	35	...
Massachusetts General Hospital [1-2]	Boston	A. M. Butler	1,671	...	5	12	67
St. Vincent's Hospital	Worcester, Mass.	P. Karpawich	2,983	16	1	2	175
Worcester City Hospital [1-2]	Worcester, Mass.	R. Cain	1,136	17	1	2	215
University Hospital [1-2]	Ann Arbor, Mich.	J. L. Wilson	1,574	75	8	24	160
Children's Hospital	Detroit	P. V. Woolley, Jr.	7,047	252	12	27	150
Harper Hospital [1-2]	Detroit	E. E. Martmer	1,475	17	4	8	275
Henry Ford Hospital [1-2]	Detroit	J. A. Johnston	1,207	11	4	8	250
Hurley Hospital [1-2]	Flint, Mich.	E. M. Elchborn	3,700	35	1	2	325
Butterworth Hospital [1-2]	Grand Rapids, Mich.	M. Dick	1,223	34	1	2	300
St. Joseph Mercy Hospital [1-2]	Pontiac, Mich.	F. M. Adams	4,113	17	1	2	325
Saginaw General Hospital [1-2]	Saginaw, Mich.	R. M. Heavenrich	1,734	10	1	2	365
Minneapolis General Hospital	Minneapolis	R. B. Raile	2,109	30	3	4	220
Northwestern Hospital [1-2]	Minneapolis	N. Beach	1,476	42	1	2	300
University of Minnesota Hospitals [1-2]	Minneapolis	J. Anderson	2,500	155	8	16	300
Mayo Foundation	Rochester, Minn.	J. W. DuShane	3,212	99	6	18	175
University Hospital [1]	Jackson, Miss.	B. Batson	575	27	2	5	250
University of Missouri Medical Center [1-2]	Columbia, Mo.	R. L. Jackson	526	14	2	5	300
Children's Mercy Hospital [1-2]	Kansas City, Mo.	W. Hart	1,291	34	3	9	175
Kansas City General Hospital No. 1 [1-2-212]	Kansas City, Mo.	G. E. Hughes	544	2	1	2	200
Homer G. Phillips Hospital [1-2]	St. Louis	P. J. White	2,747	35	8	15	201
St. Louis Children's Hospital [1-2]	St. Louis	A. F. Hartmann	4,083	134	8	32	50
St. Louis City Hospital [1-2-225]	St. Louis	V. Peden	2,388	37	5	11	234
St. Mary's Group of Hospitals [1-2]	St. Louis	J. P. King	3,330	54	4	8	100
Children's Memorial Hospital [1-2]	Omaha, Neb.	J. L. Gedgoud	4,147	58	4	8	275
Creighton Memorial—St. Joseph's Hospital	Omaha, Neb.	J. H. Murphy	3,161	21	2	4	210
Contagious Division of County Hospital			..	..	..	..	..
Omaha Children's Hospital			..	..	..	..	..
Riverview Home			..	..	..	..	..
St. Joseph Orphanage			..	..	..	..	..
University of Nebraska Hospital [1-2-231]	Omaha, Neb.	G. E. Gibbs	583	19	2	5	200
Mary Hitchcock Memorial Hospital [1-2]	Hanover, N. H.	C. C. Stewart	950	16	1	2	218
Jersey City Medical Center	Jersey City, N. J.	B. P. Abrams	1,223	8	3	6	108
Fitkin Memorial Hospital [1-2]	Neptune, N. J.	J. F. Raffetto	1,529	24	1	2	200
Newark Beth Israel Hospital [1-2]	Newark, N. J.	A. Heyman	863	50	1	2	160
St. Michael's Hospital [1-2]	Newark, N. J.	H. A. Murray	3,008	27	3	6	165
United Hospitals of Newark							
Babies Hospital—Colt Memorial [1-2]	Newark, N. J.	W. Mitchell	3,877	28	2	5	150
Bernalillo County—Indian Hospital	Albuquerque, N. Mex.	E. L. Adler	914	23	2	3	350
Albany Hospital [1-2]	Albany, N. Y.	P. Patterson	985	..	2	6	160
Beth El Hospital [1-2]	Brooklyn, N. Y.	B. Schick	498	36	2	4	150
Brooklyn Hospital [1-2]	Brooklyn, N. Y.	T. M. Lamb	497	8	2	4	175
Coney Island Hospital [1-2]	Brooklyn, N. Y.	S. Nussbaum	489	37	2	4	165
Cumberland Hospital [1-2]	Brooklyn, N. Y.	J. A. Monfort	1,623	40	2	4	165
Jewish Hospital [1-2]	Brooklyn, N. Y.	J. Pincus	1,495	25	4	10	160
Kings County Hospital Center	Brooklyn, N. Y.	K. G. Jennings-R. L. Day	2,814	73	2	21	165
Long Island College Hospital [1-2]	Brooklyn, N. Y.	C. A. Weymuller	699	6	2	3	156
Lutheran Medical Center [1-2]	Brooklyn, N. Y.	J. A. Monfort	770	27	1	2	160
Maimonides Hospital [1-2]	Brooklyn, N. Y.	B. Kramer	507	12	2	3	75
Methodist Hospital [1-2]	Brooklyn, N. Y.	W. R. Coles	381	17	1	2	175
St. Catherine's Hospital [1-2]	Brooklyn, N. Y.	J. P. Lombard	616	1	2	3	125
St. John's Episcopal Hospital [1-2]	Brooklyn, N. Y.	B. H. Shulman	1,282	22	1	2	175
St. Mary's Hospital [1-2]	Brooklyn, N. Y.	A. G. Stigliano	958	20	1	2	200
Children's Hospital [1-2]	Buffalo	M. I. Rubin	3,499	105	12	22	125
Edward J. Meyer Memorial Hospital [1-2]	Buffalo	T. S. Bumbalo	998	22	2	4	247

*Numerical and other references will be found on pages 640 through 642.

19 V.

18. PEDIATRICS—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Mary Imogene Bassett Hospital [1-2]	Cooperstown, N. Y.	T. C. Goodwin	333	6	1	2	150
Elmhurst General Hospital [1-2]	Elmhurst, N. Y.	E. E. Amerman	1,568	8	3	5	165
Meadowbrook Hospital [1-2]	Hempstead, N. Y.	E. A. Stanchi	1,724	35	3	6	225
Queens Hospital Center [1-2 ...]	Jamaica, N. Y.	M. Coe	1,592	66	4	7	165
Charles S. Wilson Memorial Hospital [1-2]	Johnson City, N. Y.	A. Coddington	2,512	6	1	3	225
North Shore Hospital [1-2]	Manhasset, N. Y.	A. L. Fiorman	356	9	2	3	200
Long Island Jewish Hospital [1-2]	New Hyde Park, N. Y.	S. Karelitz	1,640	6	2	5	75
Bellevue Hospital Center							
Div. III New York University College of Medicine	New York City	L. E. Holt, Jr.	1,345	64	9	18	80
Beth Israel Hospital [1-2]	New York City	P. Cohen	397	5	1	2	155
Bronx Hospital [1-2]	New York City	J. H. Lapin	752	3	2	3	160
Bronx Municipal Hospital Center [1-2]	New York City	M. L. Barnett	1,808	28	10	20	125
Fordham Hospital [1-2]	New York City	J. Golomb	697	13	2	3	165
Harlem Hospital [1-2]	New York City	H. J. Cohen	785	19	2	4	165
Lenox Hill Hospital [1-2]	New York City	A. F. Anderson	846	9	1	2	180
Lincoln Hospital [1-2]	New York City	M. Barnett	1,439	72	2	5	165
Morrisania City Hospital [1-2]	New York City	F. Chick	1,024	50	2	4	165
Mount Sinai Hospital [1-2]	New York City	H. L. Hodes	2,455	93	6	11	75
New York Hospital [1-2]	New York City	S. Z. Levine	1,688	127	8	17	164
New York Infirmary [1-2]	New York City	B. Worcester	323	16	1	2	150
New York Medical College—Metropolitan Medical Center							
Flower and Fifth Avenue Hospitals [1-2]	New York City	L. B. Slobody	875	14	2	4	160
Metropolitan Hospital [1-2]	New York City	L. B. Slobody	4,372	91	6	12	165
New York Polyclinic Medical School and Hospital [1]	New York City	A. B. Susman	871	3	1	2	125
New York University—Bellevue Medical Center							
University Hospital	New York City	A. DeSanctis	1,878	21	4	5	165
Presbyterian Hospital [1]	New York City	R. McIntosh	5,022	190	8	19	250
Roosevelt Hospital [1]	New York City	E. N. Joyner, III	599	2	4	5	133
St. Clare's Hospital [1-2]	New York City	C. H. O'Regan	547	22	2	3	200
St. Luke's Hospital [1-2]	New York City	J. F. Eagle	1,552	9	3	6	160
St. Vincent's Hospital [1-2]	New York City	A. J. Vignec	3,942	74	6	6	125
Genesee Hospital [1-2]	Rochester, N. Y.	J. Glaser	1,703	45	1	2	175
Rochester General Hospital [1-2-249]	Rochester, N. Y.	E. H. Townsend, Jr.	672	16	2	4	125
St. Mary's Hospital [1-2]	Rochester, N. Y.	R. Sommers	1,241	6	1	2	220
Strong Memorial—Rochester Municipal Hospital [1-2-249]	Rochester, N. Y.	W. L. Bradford	1,687	76	6	17	117
State University of New York Upstate Medical Center [1-2]	Syracuse, N. Y.	J. B. Richmond	8,598	79	5	11	233
Grasslands Hospital [1-2]	Valhalla, N. Y.	D. A. Wilcox	378	10	1	2	175
North Carolina Memorial Hospital [1-2]	Chapel Hill, N. C.	E. C. Curmen	1,988	67	6	12	175
Charlotte Memorial Hospital [1]	Charlotte, N. C.	C. G. Watkins	536	6	1	2	250
Duke Hospital [1-2-701]	Durham, N. C.	J. Harris	2,606	97	..	9	102
Rex Hospital [1]	Raleigh, N. C.	C. R. Bugg	2,371	...	1	2	250
Babies Hospital [1-2]	Wilmington, N. C.	J. B. Sidbury	1,905	16	..	2	300
City Memorial Hospital [1-2]	Winston-Salem, N. C.	F. A. Blount	1,534	1	1	2	300
North Carolina Baptist Hospital [1-2]	Winston-Salem, N. C.	W. M. Kelsey	1,564	46	3	7	108
Mary Day Nursery and Children's Hospital [1]	Akron, Ohio	N. Miller	3,338	51	6	12	250
University of Cincinnati School of Medicine Hospital Group							
Children's Hospital [1]	Cincinnati	A. A. Weech	3,761	99	12	24	75
Cincinnati General Hospital [1-2]	Cincinnati	A. A. Weech	1,040	61	..	..	....
Cleveland Clinic Hospital [1-2]	Cleveland	H. D. Mercer	2,674	12	3	5	175
Cuyahoga County Hospital [1-2]	Cleveland	F. C. Robbins	1,666	58	5	12	162
Department of Contagious Diseases	....	....	....	....	..	..	....
St. Luke's Hospital [1-2]	Cleveland	R. G. Hodges	1,699	19	3	3	140
University Hospital [1-2]	Cleveland	W. Wallace	2,909	101	5	12	150
Children's Hospital [1]	Columbus, Ohio	E. H. Baxter	4,079	123	10	23	175
University of Oklahoma Hospitals [1-2-231]	Oklahoma City	H. Riley	1,458	82	4	10	200
Hillcrest Medical Center [1]	Tulsa, Okla.	R. Wadsworth	3,698	29	4	6	150
St. John's Hospital	Tulsa, Okla.	G. R. Russell	4,459	30	2	4	175
University of Oregon Medical School Hospitals and Clinics [1-2]	Portland, Ore.	A. J. Hill, Jr.	1,139	47	4	8	125
Geo. F. Geisinger Memorial Hospital [1-2]	Danville, Pa.	E. F. Rabe	700	10	1	2	175
Harrisburg Hospital [1-2]	Harrisburg, Pa.	R. T. Turski	2,154	10	1	2	250
Harrisburg Polyclinic Hospital	Harrisburg, Pa.	M. Ames	2,849	20	1	2	250
Albert Einstein Medical Center [1-2]	Philadelphia	A. Capper	1,720	16	2	4	125
Children's Hospital [1-2]	Philadelphia	J. Stokes, Jr.	6,206	74	9	22	50
Germantown Dispensary and Hospital [1-2]	Philadelphia	J. C. Williams	1,374	10	2	2	175
Graduate Hospital of the University of Pennsylvania [1-2]	Philadelphia	J. A. Ritter	357	2	1	1	....
Hahnemann Medical College and Hospital [1-2]	Philadelphia	C. C. Fischer	1,290	33	4	8	75
St. Luke's and Children's Medical Center	Philadelphia	H. A. Agerty	547	13	2	3	125
Hospital of the University of Pennsylvania [1-2]	Philadelphia	L. Barness	658	15	3	7	....
Hospital of the Woman's Medical College of Pennsylvania [1-2]	Philadelphia	J. Crump	1,121	7	1	3	110
Jefferson Medical College Hospital [1-2]	Philadelphia	H. G. Keitel	656	16	4	7	100
Philadelphia General Hospital [1-2]	Philadelphia	P. Gyorgy	1,225	33	4	8	121
Temple University Medical School Hospitals							
St. Christopher's Hospital for Children [1-2]	Philadelphia	W. E. Nelson	4,691	82	9	23	....
Temple University Hospital [1-2]	Philadelphia	W. E. Nelson	21	..	..	..	....
Allegheny General Hospital [1]	Pittsburgh	J. W. Leech	709	20	1	2	200
Health Center Hospitals of the University of Pittsburgh School of Medicine							
Children's Hospital [1-2]	Pittsburgh	E. R. McCluskey	2,133	85	10	21	125
Robert Packer Hospital [1-2]	Sayre, Pa.	D. S. Motsay	2,674	31	1	3	225
Rhode Island Hospital [1-2-252]	Providence, R. I.	B. Feinberg	1,307	13	3	6	125
Teaching Hospitals of the Medical College of South Carolina	Charleston, S. C.	J. R. Paul, Jr.	2,860	54	2	6	137
Medical College Hospital	....	....	....	...	..	..	....
Roper Hospital	....	....	....	...	..	..	....
Columbia Hospital of Richland County [1]	Columbia, S. C.	J. B. Harvin	3,324	81	1	2	175

Numerical and other references will be found on pages 669 through 672.

18. PEDIATRICS—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered*	Total Residencies Offered*	Beginning Salary (Month)
University of Tennessee Memorial Research Center and Hospital [1-2]	Knoxville, Tenn.	H. S. Christian	479	8	1	2	330
City of Memphis Hospitals [1-2]	Memphis, Tenn.	F. T. Mitchell	2,530	88	5	12	150
Le Bonheur Children's Hospital [1-2-252]	Memphis, Tenn.	C. B. Etter	4,980	38	2	3	125
Baptist Hospital [1-2]	Nashville, Tenn.	J. M. Strayhorn	1,739	8	2	4	300
George W. Hubbard Hospital [1-2]	Nashville, Tenn.	E. P. Crump	746	5	2	6	125
Vanderbilt University Hospital [1-2]	Nashville, Tenn.	A. Christie	1,222	50	4	6	50
Driscoll Foundation Children's Hospital [1-2]	Corpus Christi, Texas	J. F. McKemie	1,013	74	2	6	300
Children's Medical Center [1-2-253]	Dallas, Texas	E. Pratt	1,949	25	8	16	150
St. Paul's Hospital [1-2]	Dallas, Texas	W. C. Hawkins	2,701	20	2	4	150
University of Texas Medical Branch Hospitals [1-2]	Galveston, Texas	A. E. Hansen	970	77	6	14	160
Baylor University College of Medicine Affiliated Hospitals							
Hermann Hospital [1-2]	Houston, Texas	R. J. Blattner	879	20	2	6	125
Jefferson Davis Hospital [1-2]	Houston, Texas	R. J. Blattner	1,448	63	7	11	75
Methodist Hospital [1-2]	Houston, Texas	E. B. Brandes	114	...	1	2	220
Texas Children's Hospital [1-2]	Houston, Texas	R. J. Blattner	6,155	153	3	7	160
St. Joseph's Hospital [1-2]	Houston, Texas	R. D. Lomas	1,295	17	1	2	220
University of Texas Postgraduate School of Medicine Affiliated Hospitals							
Robert B. Green Memorial Hospital [1-2-262]	San Antonio, Texas	C. B. Alexander	841	76	2	4	150
Santa Rosa Hospital [1-2]	San Antonio, Texas	M. D. Thornton	5,796	58	1	1	150
Salt Lake County General Hospital [1]	Salt Lake City	J. Bosma	367	15	4	10	220
University of Vermont Affiliated Hospitals							
De Goesbriand Memorial Hospital	Burlington, Vt.	J. Lucey	715	5	1	3	167
Mary Fletcher Hospital [1-2]	Burlington, Vt.	R. J. McKay	543	29	2	3	160
University of Virginia Hospital [1-2]	Charlottesville, Va.	W. W. Waddell, Jr.	901	30	2	5	50
Medical College of Virginia—Hospital Division [1-2]	Richmond, Va.	L. E. Sutton, Jr.	1,691	67	8	14	75
University of Washington Affiliated Hospitals							
Children's Orthopedic Hospital [1-2]	Seattle	A. Rembe	2,873	94	...	...	160
King County Hospital Unit No. 1 (Harborview) [1]	Seattle	R. A. Aldrich	913	13	2	4	125
Beckley Memorial Hospital [1-2]	Beckley, W. Va.	S. J. Wister	910	10	1	2	300
Memorial Hospital [1-2]	Charleston, W. Va.	J. Bassman	1,126	10	1	2	250
University Hospitals [1]	Madison, Wis.	N. Smith	997	51	4	12	160
Milwaukee Children's Hospital [1-2]	Milwaukee	G. H. Wegmann	3,702	72	6	11	245
Milwaukee County Hospital [1-2]	Milwaukee	M. G. Peterman	2,809	35	3	5	307
Gorgas Hospital [1]	Ancon, C. Z.	D. Hirschl	814	10	1	2	345
Kaulkeolani Children's Hospital [1-2]	Honolulu, T. H.	D. F. B. Char	4,343	37	4	8	300
Bayamon Charity District Hospital [1-2]	Bayamon, P. R.	E. L. Matta	1,796	56	2	3	250
San Juan City Hospital [1-2]	San Juan, P. R.	A. Ortiz	1,786	52	4	10	150

Residency programs in the following hospitals have been approved by the Council, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, as offering full training of two years' duration through affiliation with a fully approved program.

Hospitals, 32; Assistant Residencies and Residencies, 76

NONFEDERAL

Seaside Memorial Hospital [1-2-34]	Long Beach, Calif.	W. Buerger	2,322	5	1	1	185
San Diego County General Hospital [1-2-71]	San Diego, Calif.	H. G. Kellogg	1,059	...	1	1	250
Mount Zion Hospital [1-2-192]	San Francisco	S. J. Robinson	1,301	24	..	1	150
Community Hospital of San Mateo County [1-192]	San Mateo, Calif.	W. C. Layton	112	2	1	1	300
St. John's Hospital [1-2-28]	Santa Monica, Calif.	A. B. Polson	1,585	9	2	2	300
Waterbury Hospital [1-226]	Waterbury, Conn.	J. H. Root, Jr.	2,370	6	1	2	225
Variety Children's Hospital [1-2-197]	Miami, Fla.	J. Lancaster	3,369	33	3	6	215
Henrietta Egleston Hospital for Children [1-2-125]	Atlanta, Ga.	M. H. Roberts	1,674	17	1	2	150
Illinois Masonic Hospital [1-2-122]	Chicago	M. R. Jackson	1,765	2	4	4	115
Evanston Hospital [1-2-228]	Evanston, Ill.	A. L. Newcomb	1,370	11	1	1	225
Hotel Dieu Sister's Hospital [128]	New Orleans	H. C. Tolmas	2,136	16	2	3	225
Southern Baptist Hospital [1-128]	New Orleans	R. C. Mason	2,137	6	1	2	225
Mercy Hospital [1-141]	Baltimore	F. Smith	528	11	1	2	175
Herman Kiefer Hospital [1-2-15]	Detroit	D. C. Young	1,716	28	3	3	554
St Francis Hospital [1-2-209]	Trenton, N. J.	H. Davis	4,698	30	1	1	210
St. Peter's Hospital [1-273]	Albany, N. Y.	H. F. Leahy	1,523	12	2	3	225
Wyckoff Heights Hospital [1-2-243]	Brooklyn, N. Y.	V. Larkin	545	17	2	4	160
Flushing Hospital and Dispensary [1-2-219]	Flushing, N. Y.	H. T. Vogel	643	23	1	2	175
Mary Immaculate Hospital [1-2-219]	Jamaica, N. Y.	A. A. Trivilino	2,885	36	1	2	160
Misericordia Hospital [1-2-220]	New York City	F. Castrovinci	655	4	1	2	185
St. Francis Hospital [1-2-263]	New York City	R. P. Drago	892	8	2	4	150
Watts Hospital [1-2-101]	Durham, N. C.	A. H. London	1,912	4	..	2	300
Good Samaritan Hospital [1-2-211]	Cincinnati	N. Ryan	2,942	12	1	2	250
Jewish Hospital [1-2-209]	Cincinnati	J. I. Klein	1,921	7	1	2	185
Mercy Hospital [1-2-198]	Toledo, Ohio	J. J. Tansey	2,479	6	1	1	275
Trumbull Memorial Hospital [1-214]	Warren, Ohio	R. P. Ostergard	2,068	28	1	2	300
Charles V. Chapin Hospital [1-2-181]	Providence, R. I.	M. Adelman	1,130	9	4	8	150
Greenville General Hospital [1-202]	Greenville, S. C.	J. Ott	1,420	13	...	1	275
T. C. Thompson Children's Hospital [1-2-128]	Chattanooga, Tenn.	G. C. Gilmore, Jr.	5,079	56	3	6	250
Baptist Memorial Hospital [1-2-252]	Memphis, Tenn.	G. Lovejoy	2,636	18	1	1	300
St. Joseph Hospital [1-2-196]	Memphis, Tenn.	H. Jacobson	1,431	8	1	2	250
De Paul Hospital [1-2-265]	Norfolk, Va.	H. W. Fink	2,727	20	1	1	300

Residency programs in the following hospitals have been approved by the Council, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, as offering training of one year's duration and in the process of being integrated with a fully approved program. Approval for one year of training has been granted up to June 30, 1959.

Hospitals, 2; Assistant Residencies and Residencies, 1

NONFEDERAL

Central Maine General Hospital [1]	Lewiston, Maine	H. C. Thacher	402	6	1	1	225
Cooper Hospital [1-2]	Camden, N. J.	V. Del Dura	808	14	..	..	300

Numerical and other references will be found on pages 640 through 642.

19. PHYSICAL MEDICINE AND REHABILITATION

Residency programs in the following hospitals have been approved by the Council and the American Board of Physical Medicine and Rehabilitation, through the Residency Review Committee for Physical Medicine and Rehabilitation, as offering acceptable training in the specialty.

Hospitals 66; Assistant Residencies and Residencies, 313

Name of Hospital	Location	Chief of Service	Inpatients Treated	Number of Treatments	First Year Residencies Offered [4]	Total Residencies Offered	Length of Approved Program (Years)	Beginning Stipend ($/Month)
UNITED STATES ARMY								
Letterman Army Hospital [1-2]	San Francisco	W. Moore, Jr.	51,064	139,038	1	3	3	...
Fitzsimons Army Hospital [1-2]	Denver	J. W. Thomas	5,714	155,861	1	3	3	...
Army Medical Center [1-2]	Washington, D. C.	A. F. Mastellone	3,356	178,033	1	3	3	...
DOD/FEDERAL AND VETERANS ADMINISTRATION								
Los Angeles County Hospital [1]	Los Angeles	E. Austin	.....	18,251	1	3	3	246
Veterans Admin. Hospital [1-2]	Los Angeles	K. H. Haase	16,157	138,168	3	9	3	...
White Memorial Hospital [1-2]	Los Angeles	F. R. Moor	21,745	65,235	1	3	3	215
University of California Hospital [1]	San Francisco	G. Bard	12,658	18,856	1	4	3	...
Kaiser Foundation Hospital								
California Rehabilitation Center	Vallejo, Calif.	.....	.....	.....	..	..	1	...
University of Colorado Medical Center								
Colorado General Hospital [1-2]	Denver	J. W. Gersten	1,491	27,642	2	5	3	180
Veterans Admin. Hospital [1-2]	Denver	C. C. Hoffman	984	34,025	..	1	3	...
Grace-New Haven Community Hospital [1-2]	New Haven, Conn.	T. F. Hines	1,215	21,284	1	3	3	140
State of Connecticut Veterans								
Home and Hospital [1-2]	Rocky Hill, Conn.	W. T. Liberson	2,445	66,502	2	3	3	...
District of Columbia General Hospital [1-2]	Washington, D. C.	J. Buchanan	6,501	57,313	1	1	2	253
Georgetown University Hospital [1-2]	Washington, D. C.	C. D. Shields	1,350	7,853	2	4	1	250
George Washington University Hospital [1-2]	Washington, D. C.	C. Wise	2,944	15,536	1	3	3	150
Veterans Admin. Hospital [1-2]	Coral Gables, Fla.	J. W. Gibson	2,153	40,018	..	..	3	...
Georgia Warm Springs Foundation [1-2]								
Emory University Hospital [1-2]	Warm Springs, Ga.	R. L. Bennett	1,877	143,461	2	7	3	245
Loyola University (Stritch School of Medicine)								
Affiliated Hospitals								
City of Chicago Department of Welfare Convalescent Home [1]	Chicago	A. A. Rodriquez	365	18,943	2	4	3	300
Northwestern University Medical Center								
Veterans Admin. Research Hospital [1-2]	Chicago	L. B. Newman	2,146	46,195	1	2	3	...
Institute of Physical Medicine and Rehabilitation [1-2-11]	Peoria, Ill.	H. W. Kendall	2,698	21,876	2	6	3	275
University of Kansas Medical Center [1-2]	Kansas City, Kan.	D. Rose	13,017	43,794	1	4	3	125
Veterans Admin. Hospital [1-2]	Kansas City, Mo.	R. R. Beatty	3,273	60,078	..	..	..	...
University of Louisville Medical Center								
Louisville General Hospital [1-2]	Louisville, Ky.	R. McMorris	12,941	60,286	3	3	3	300
Massachusetts General Hospital [1-2]	Boston	A. L. Watkins	872	11,532	1	1	3	67
Veterans Admin. Hospital [1-2-159]	Boston (Jamaica Plain)	F. Friedland	3,027	157,428	1	3	3	...
University Hospital [1-2-161]	Ann Arbor, Mich.	J. W. Rae, Jr.	35,277	.....	2	6	3	160
University of Minnesota Affiliated Hospitals		F. Kottke	.....	.....	..	..	3	...
University Hospital [1-2]	Minneapolis		2,749	91,342	3	11	..	300
Veterans Admin. Hospital [1-2]	Minneapolis		.....	.....	..	..	..	...
Mayo Foundation	Rochester, Minn.	F. H. Krusen	10,980	97,402	3	9	3	175
Mary Hitchcock Memorial Hospital [1-2]	Hanover, N. H.	T. P. Anderson	14,219	30,849	1	2	3	218
Veterans Admin. Hospital [1-2-239]	East Orange, N. J.	C. Brooke	1,820	107,839	..	1	3	...
Veterans Admin. Hospital [1-2-245]	Albany, N. Y.	J. Ehrlich	5,860	114,047	..	1	3	...
Jewish Chronic Disease Hospital [1-2]	Brooklyn, N. Y.	J. B. Rogoff	699	93,757	2	6	3	175
Bellevue Hospital Center								
Div. III—New York University College of Medicine [1-2-252]	New York City	H. Rusk	1,353	36,886	30	69	3	80
Bronx Municipal Hospital Center [1-2]	New York City	A. S. Abramson	3,282	50,320	3	9	3	125
Goldwater Memorial Hospital [1-2-275]	New York City	M. Dacso	814	127,891	3	7	3	165
Hospital for Joint Diseases [1-2]	New York City	A. S. Russek	13,628	31,460	1	1	1	80
Montefiore Hospital [1-2]	New York City	K. Harpuder	1,492	49,690	1	2	3	167
Mount Sinai Hospital [1-2]	New York City	W. Bierman	10,567	39,915	1	1	3	75
New York Medical College—Metropolitan Medical Center		J. S. Tobis	.....	.....	..	..	3	...
Bird S. Coler Memorial Hospital and Home [1-2]	New York City		1,503	128,767	..	11	..	165
Metropolitan Hospital [1-2]	New York City		8,309	66,810	1	3	..	165
Presbyterian Hospital [1]	New York City	R. C. Darling	53,306	98,459	1	5	3	308
St. Vincent's Hospital [1-2]	New York City	S. S. Sverdlik	15,780	29,302	1	3	3	125
Veterans Admin. Hospital (Bronx) [1-2]	New York City	A. Ebel	4,184	323,644	2	6	3	...
Veterans Admin. Hospital (Manhattan) [1-2]	New York City	B. Stoll	2,482	264,513	3	8	3	...
Veterans Admin. Hospital [1-2]	Durham, N. C.	H. T. Zankel	1,296	42,800	1	3	3	...
Cleveland Clinic Hospital [1-2]	Cleveland	P. A. Nelson	5,320	28,085	1	3	3	175
Cuyahoga County Hospital [1-2]	Cleveland	N. Coyne	18,295	55,101	2	5	1	162
Highland View-Cuyahoga County Hospital [1-2]	Cleveland	M. Peszczynski	2,171	49,469	2	6	3	190
Veterans Admin. Hospital [1-2]	Cleveland	R. Lowry	1,541	83,898	2	1	1	...
Ohio State University Hospitals								
University Hospital [1-2]	Columbus, Ohio	R. E. Wotden	24,639	52,628	2	6	3	177
Veterans Admin. Hospital [1-2]	Dayton, Ohio	L. Rosenberg	1,822	107,851	1	3	1	...
Veterans Admin. Hospital [1-2]	Portland, Ore.	E. W. Fowler	3,188	175,300	1	2	3	...
Hospital of the University of Pennsylvania [1-2]	Philadelphia	W. Erdman	2,234	25,017	2	6	3	...
Philadelphia General Hospital [1-2]	Philadelphia	A. Martucci	10,250	139,702	1	3	3	300
Veterans Admin. Hospital [1-2]	Philadelphia	R. A. Schlesinger	912	59,026	1	2	3	...
Veterans Admin. Hospital [1-2]	Pittsburgh	S. Machover	2,011	123,524	..	2	2	...
Veterans Admin. Hospital [1-2]	Memphis, Tenn.	B. B. Sutton	8,724	175,768	1	1	3	...
Baylor University Hospital [1-2]	Dallas, Texas	E. Krusen	33,441	101,949	1	3	3	175
Gonzales Warm Springs Rehabilitation Foundation	Gonzales, Texas	O. F. Von Werssowetz	2,008	92,516	2	4	1	500
Baylor University College of Medicine Affiliated Hospitals								
Veterans Admin. Hospital [1-2]	Houston, Texas	L. A. Leavitt	9,849	151,188	2	6	3	...

Numerical and other references will be found on pages 640 through 642.

19. PHYSICAL MEDICINE AND REHABILITATION—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Number of Treatments	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (years)	Beginning Stipend (Month)
Medical College of Virginia—Hospital Division [1-2]	Richmond, Va.	H. W. Park	3,534	72,344	1	6	3	75
Veterans Admin. Hospital [1-2]	Richmond, Va.	A. R. Dawson	4,280	220,100	1	4	3	...
Veterans Admin. Hospital [1-2]	Milwaukee (Wood), Wis.	P. A. Dudenhoefer	3,861	310,886	1	4	3	...
Veterans Admin. Hospital [1-2]	San Juan, P. R.	H. J. Flax	1,228	8,275	1	2	3	...

20. PLASTIC SURGERY

Residency programs in the following hospitals have been approved by the Council, the American Board of Plastic Surgery and the American College of Surgeons, through the Residency Review Committee for Plastic Surgery, as offering acceptable training in the specialty.
Hospitals, 53; Assistant Residencies and Residencies, 112

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY								
Brooke Army Hospital [1-2]	San Antonio, Texas	J. H. Tenery	345	..	1	1	1	...
CONFEDERAL AND VETERANS ADMINISTRATION								
University of California Medical Center		G. V. Webster F. L. Ashley	...	..	..	..	3	...
University of California Hospital [1-2-44-45]	Los Angeles		306	..	..	3	..	229
Veterans Admin. Center [1-2]	Los Angeles		281	..	..	1	..	...
Collis P. and Howard Huntington Memorial Hospital	Pasadena, Calif.		...	..	..	..	..	...
Franklin Hospital [1]	San Francisco	H. M. Blackfield	311	..	1	1	1	300
St. Francis Memorial Hospital [1-2]	San Francisco	G. W. Pierce	788	1	1	2	1	300
George Washington University Hospital	Washington, D. C.	G. S. Letterman	410	6	1	2	3	...
University of Illinois Affiliated Hospitals		P. W. Greeley	...	..	..	..	3	...
Presbyterian-St. Luke's Hospital								
St. Luke's Hospital Division [1-2]	Chicago		270	1	1	1	..	125
Research and Educational Hospitals [1-2]	Chicago		396	..	..	1	..	215
Veterans Admin. Hospital [1-2]	Hines, Ill.		169	1	..	1	..	...
Indiana University Medical Center [1]	Indianapolis	H. M. Trussler	494	..	1	2	1	165
University of Kansas Medical Center [1-2]	Kansas City, Kan.	D. Robinson	668	2	1	2	1	125
Johns Hopkins Hospital [1-2]	Baltimore	M. T. Edgerton	Incl. in Surgery		2	3	2	100
St. Joseph Mercy Hospital [1-2]	Ann Arbor, Mich.	R. O. Dingman	300	1	1	2	1	385
Henry Ford Hospital [1-2]	Detroit	R. H. Clifford	556	3	1	2	1	250
Mayo Foundation	Rochester, Minn.	J. B. Erich	2,983	3	2	8	3	175
University of Mississippi Medical Center		J. H. Hendrix, Jr.	...	..	..	..	3	...
University Hospital [1]	Jackson, Miss.		147	2	1	1	..	250
Veterans Admin. Hospital [1-2]	Jackson, Miss.		101	..	..	..	..	...
Kansas City General Hospital No. 1	Kansas City, Mo.	F. J. McCoy	72	..	1	2	2	250
Barnes Hospital [1-2]	St. Louis	J. B. Brown	1,254	10	2	3	2	75
St. Mary's Group of Hospitals [1-2]	St. Louis	F. F. X. Paletta	273	..	1	2	2	120
Cooper Hospital [1-2]	Camden, N. J.	A. W. Von Deilen	626	..	1	1	2	100
St. Barnabas Medical Center [1-2]	Newark, N. J.	L. A. Peer	935	2	..	2	2	300
Albany Hospital [1-2]	Albany, N. Y.	B. Macomber	558	10	1	2	2	100
St. Peter's General Hospital	Albany, N. Y.		...	..	..	..	..	...
Veterans Admin. Hospital	Albany, N. Y.		...	..	..	..	..	...
Kings County Hospital—Division 1 [1-2]	Brooklyn, N. Y.	G. O'Brien	813	6	1	2	2	165
Roswell Park Memorial Hospital [1-2-29]	Buffalo	F. Hoffmeister	368	9	..	1	2	...
Meadowbrook Hospital [1-2]	Hempstead, N. Y.	L. R. Rubin	337	2	1	1	2	225
Beth Israel Hospital [1-2]	New York City	A. J. Barsky	383	..	1	2	2	155
Columbia—Presbyterian Medical Center							3	
Francis Delafield Hospital [1-2]	New York City	G. H. Humphreys, II	Incl. in Surgery		..	1	..	165
Presbyterian Hospital [1]	New York City	G. F. Cribbalr	Incl. in Surgery		2	4	..	300
New York Hospital [1-2]	New York City	H. Conway	498	..	1	2	3	300
Veterans Admin. Hospital (Bronx) [1-2-267]	New York City	H Conway	456	1	1	3	2	...
Strong Memorial-Rochester Municipal Hospital [1-2]	Rochester, N. Y.	R. McCormack	300	..	2	2	2	117
State University of New York Upstate Medical Center [1-2]	Syracuse, N. Y.	D. Stark	252	1	..	2	2	233
Duke University Affiliated Hospitals		K. L. Pickrell	...	..	..	..	3	...
Duke Hospital [1-2]	Durham, N. C.		1,092	8	..	6	..	127
Veterans Admin. Hospital [1-2]	Durham, N. C.		308	1	..	3	..	...
Christ Hospital [1]	Cincinnati	J. J. Longacre	87	..	1	1	2	200
Ohio State University Hospitals University Hospital [1-2]	Columbus, Ohio	B. C. Martin	426	..	..	3	2	300
St. John's Hospital [1-2]	Tulsa, Okla.	J. W. Kelley	650	..	1	2	2	175
Allentown Hospital [1-2]	Allentown, Pa.	K. M. Marcks	585	1	1	1	2	225
Graduate Hospital of the University of Pennsylvania [1-2]	Philadelphia	P. C. Iverson A. Von Deilen	157	1	1	1	2	100
			Incl. in Surgery		1	1	2	150
Hospital of the University of Pennsylvania [1-2]	Philadelphia							
Health Center Hospitals of the University of Pittsburgh School of Medicine								
Presbyterian-Women's Hospital [1-2]	Pittsburgh	S. M. Duperthus	1,745	6	3	6	2	175
Veterans Admin. Hospital [1]	Pittsburgh			..	..	..	..	...
Baylor University Hospital [1-2]	Dallas, Texas	J. T. Mills	883	..	1	2	2	215
University of Texas Medical Branch Hospitals [1-2]	Galveston, Texas	T. G. Blocker, Jr.	978	14	2	6	3	100
Baylor University College of Medicine Affiliated Hospitals			...	..	..	..	2	...
Jefferson Davis Hospital [1-2]	Houston, Texas	S. B. Hardy	210	4	1	2	..	100
Methodist Hospital [1-2]	Houston, Texas	S. B. Hardy	200	1	..	..	..	220
Texas Children's Hospital [1-2]	Houston, Texas	T. D. Cronin	121	..	..	..	..	...
Veterans Admin. Hospital [1-2]	Houston, Texas	S. B. Hardy	212	6	1	2	..	...
Dr. W. H. Groves Latter-Day Saints Hospital [1-2]	Salt Lake City	T. R. Broadbent	478	..	..	2	2	225
University Hospitals [1-2]	Madison, Wis.	W. Slaughter	406	1	1	2	2	100

Numerical and other references will be found on pages 640 through 642.

21. PREVENTIVE MEDICINE

AVIATION MEDICINE

The following programs in Aviation Medicine have been approved by the Council and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, as offering acceptable training in the specialty.

School	Location	Director		Length of Approved Program (Years)	Beginning Interval (Month)
UNITED STATES AIR FORCE					
Wright-Patterson Air Force Base	Dayton, Ohio	W. F. Hall	For information regarding program, write to: Chief, Medical Division Office Surgeon General, U.S.A.F., Washington 25, D. C.	1	...
School of Aviation Medicine	Randolph Field, Texas	O. O. Benson, Jr.	For information regarding program, write to: Chief, Medical Division Office Surgeon General, U.S.A.F., Washington 25, D. C.	...	...
UNITED STATES NAVY					
School of Aviation Medicine	Pensacola, Fla.	J. C. Early A. Graybiel	For information regarding program, write to: Director, Graduate Medical Training Bureau of Medicine and Surgery, U.S. Navy, Washington 25, D. C.	2	...
NONFEDERAL					
Ohio State University Medical Center	Columbus, Ohio	W. F. Ashe		2	202

OCCUPATIONAL MEDICINE

The following educational institutions have been approved by the Council and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, for THREE years of training in Occupational Medicine. The academic portion of these residencies will be given in the institutions listed. The implant training is being arranged. For further detailed information concerning a program, it is suggested that the applicant write to the physician in charge of the particular program concerned.

School	Location	Physician-in-charge
Yale University Department of Public Health	New Haven, Conn.	J. W. Meigs
University of Rochester School of Medicine and Dentistry	Rochester, N. Y.	J. H. Sterner
University of Cincinnati Institute of Industrial Health, College of Medicine	Cincinnati	R. A. Kehoe
Ohio State University Medical Center, Department of Preventive Medicine	Columbus, Ohio	W. F. Ashe
University of Pittsburgh, Graduate School of Public Health	Pittsburgh	A. G. Kammer

PUBLIC HEALTH

Residency programs in Public Health in the following states and cities have been approved for training by the Council and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine.

Department of Health	Location	Director	Local Areas	Population	Length of Approved Program (Years)	Stipend
U. S. Army	6th Army Hdqts. Fort Ord and Presidio of San Francisco, Calif.	G. L. Orth	Military Posts of Fort Ord, Presidio of Monterey, Camp Roberts, Calif.	85,000	1(o)	.....
	1st Army Hdqts. Fort Dix, N. J. Governor's Island, N. Y.	G. R. Carpenter	Fort Dix Military Reservation New England, New Jersey & New York	30,000 100,000	1(j)	....
State of California	Berkeley	M. H. Merrill	Alameda County	739,000	2	530
			Berkeley City	116,500	....	.....
			Contra Costa County	336,700	....	.....
			Los Angeles City	.....	....	.....
			Orange County	511,400	....	.....
			San Diego County	900,400	....	.....
			San Mateo County	377,800	....	.....
			Santa Clara County	395,900	....	.....
State of Delaware	Dover	F. I. Hudson	Kent and New Castle Counties (a)	197,000*	2	500(b)
State of Florida	Jacksonville	W. T. Sowder	Alachua County	67,300*	2	600
			Dade-Miami	790,700*	....	.....
			Hillsborough-Tampa	345,800*	....	.....
			Palm Beach County	182,900*	....	.....
			Pinellas-St. Petersburg	248,000*	....	.....
State of Georgia	Atlanta	J. H. Venable	(h)	.....	2	.....
State of Illinois	Springfield	R. R. Cross	Cook County (c) (d)	743,988	2	500
			Peoria (City) and Peoria County (d) (e)	174,347	....	.....
			Will County (d)	134,306	....	.....
State of Kansas	Topeka	T. R. Hood	Kansas City-Wyandotte	180,000	2	(f)(r)
			Topeka-Shawnee	115,000	....	.....
			Wichita-Sedgwick	297,388	....	.....

Numerical and other references will be found on pages 640 through 642.

21. PREVENTIVE MEDICINE—Continued

Department of Health	Location	Director	Local Areas	Population	Length of Approved Program (Years)	Stipend
State of Maryland	Baltimore	E. Davens	Anne Arundel County	171,700*	2	$42
			Baltimore City	974,000*	....	.....
			Baltimore County	370,400*	....	.....
			Harford County	68,000*	....	.....
			Montgomery County	258,500*	....	.....
			Washington County	85,700*	....	.....
State of Michigan	Lansing	A. E. Heustis	Calhoun County	136,260	2	400
			Detroit City	1,850,000	....	.....
			Michigan Dept. of Health	(m)	....	.....
State of Minnesota	Minneapolis	R. N. Barr, Secy. and Ex. Off.	Minneapolis City	542,000*	2	400
			Olmsted County including Rochester City	68,385*	....	.....
State of Mississippi	Jackson	J. A. Milne	Forrest County	.....	2	.....
			Hinds County	.....	....	.....
New York City	New York City	R. P. Kandle, Dep. Com.	(n)	8,030,000	2	442
State of New York	Albany	H. E. Hilleboe	(l)	941,000	2	$11
State of North Carolina	Raleigh	J. W. R. Norton	Charlotte-Mecklenburg County	225,338*	2	.....
			Forsyth-Winston-Salem	158,422*	....	.....
			Halifax	59,526*	....	.....
			Orange-Pearson-Chatham-Lee	117,797*	....	.....
			Pitt	69,877*	....	.....
State of Oklahoma	Oklahoma City	J. W. Shackleford	Pottawatomie-Pontotoc Counties	.....	2	.....
			Tulsa (City) and Tulsa County	.....	....	.....
State of Oregon	Portland	H. M. Erickson	Multnomah County (o)	574,500	2	700(l)
			Clackamas	100,000	....	.....
			Jackson	71,750	....	.....
			Lane	151,600	....	.....
State of Texas	Austin	F. C. Kluth	(g)	588,183	2	350(p)
State of Virginia	Richmond	M. J. Shanholtz	Arlington County	136,410	1	704
State of Washington	Seattle	B. Bucove	Benton-Franklin	.....	2	602
			Bremerton-Kitsap	79,400*	....	.....
			Clark-Skamania	91,000*	....	.....
			King-Seattle	822,700*	....	.....
			Spokane City	188,400*	....	.....
			Tacoma-Pierce County	319,800*	....	.....

* Estimated.
(a) Excludes the city of Wilmington.
(b) To those planning to work in state.
(c) Excludes Chicago, Evanston, Oak Park, Stickney Township, and Winnetka (including Glencoe, Kenilworth, Northbrook, and remainder of New Trier Township), all with full-time health officers.
(d) Assistance can be arranged for securing the MPH degree during or immediately after the first residency year. Appointments can be effective the first of any month. Appointments normally are limited to those training for service in Illinois. Exceptions may be made in special cases.
(e) Training is given under one director in both the City and County Health Departments.
(f) Arrangements for remuneration made on an individual basis.
(g) 43 city-county or county health departments and 6 city health departments in which training may be given depending upon local conditions and the needs and desires of the resident.
(h) State of Georgia with emphasis on 6 major districts.
(i) Assistance can be arranged for securing the MPH degree after successful completion of residency experience. Appointments will be limited to those training for service in Oregon.
(j) Combined one year program Fort Dix Health Center, Fort Dix., N. J., and Headquarters First U. S. Army, Preventive Medicine Division, Governor's Island, New York City, for second year of field training.
(l) Training is given in any one of 10 city health departments, 19 county health departments, or 14 district offices within the state.
(m) Training to be with Michigan Department of Health, with field experience in local health departments.
(n) Includes training at Montefiore Hospital.
(o) Combined one year of training, second year of field training, Fort Ord and Presidio of San Francisco, Calif.
(p) Stipend offered only to those residents who plan to remain in public health work in the state at least six years.
(r) Arrangements for remuneration made upon determination of field of interest and location desired.
(s) City of Portland population (412,100) is not included in this 1957 State Census estimate.

22. PROCTOLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Proctology, through the Residency Review Committee for Proctology, as offering acceptable training in the specialty.

Hospitals, 13; Assistant Residencies and Residencies, 32

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered*	Total Residencies Offered*	Length of Approved Program (Years)	Beginning Stipend (Month)
NONFEDERAL								
White Memorial Hospital [1-2]	Los Angeles	H. M. Young	249	1	1	2	2	215
Ochsner Foundation Hospital [1-2]	New Orleans	M. O. Hines	351	1	1	2	2	300
Ferguson, Droste, Ferguson Hospital [1-2]	Grand Rapids, Mich.	J. A. Ferguson	2,066	25	2	4	2	275
University of Minnesota Hospitals [1-2]	Minneapolis	W. Fansler	Incl. in Surg.		1	1	2	300
Mayo Foundation	Rochester, Minn.	R. J. Jackman	792	..	2	6	2	175
Buffalo General Hospital [1-2]	Buffalo	L. S. Knapp	546	3	1	1	2	175
Millard Fillmore Hospital [1-2]	Buffalo	W. H. Bernhoft	229	1	..	1	2	285
Youngstown Hospital [1-2]	Youngstown, Ohio	P. J. Fuzy, Jr.	732	..	1	2	2	325
Allentown Hospital [1-2]	Allentown, Pa.	G. Kratzer	892	3	1	1	2	225
Temple University Hospital [1-2]	Philadelphia	H. E. Bacon	746	3	2	5	2	...
Health Center Hospitals of the University of Pittsburgh School of Medicine								
Presbyterian Hospital [1-2]	Pittsburgh	K. Zimmerman	989	7	1	2	2	175
Baylor University Hospital [1-2]	Dallas, Texas	C. Rosser	1,043	2	1	1	2	200
Milwaukee County Hospital [1-2]	Milwaukee	L. J. Schwade	1,141	..	..	2	2	207

Numerical and other references will be found on pages 640 through 642.

195
V. 1

23. PSYCHIATRY

Residency programs in the following hospitals have been approved for THREE years of training by the Council and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level—see summary of requirements American Board of Psychiatry and Neurology, Inc., page 608

Hospitals, 185; Assistant Residencies and Residencies, 2927

Name of Hospital	Location	Chief of Service	Program Identification	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
UNITED STATES ARMY								
Letterman Army Hospital [1-2]	San Francisco	T. Kiersch	12	984	1	6	18	...
Army Medical Center [1-2]	Washington, D. C.	R. E. Clausen, Jr.	..	1,684	1	8	24	...
UNITED STATES NAVY								
U. S. Naval Hospital [1-2]	Bethesda, Md.	J. E. Nardini	..	651	...	5	13	...
UNITED STATES PUBLIC HEALTH SERVICE								
U. S. Public Health Service Hospital [1-2-15]	Lexington, Ky.	J. A. Grider	30	3,404	5	4	12	...
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE								
Freedmen's Hospital [1-2]	Washington, D. C.	E. Y. Williams	..	276	5	1	6	200
St. Elizabeth's Hospital [1-2]	Washington, D. C.	W. Overholser	30	8,511	286	6	24	200
NONFEDERAL AND VETERANS ADMINISTRATION								
University of Alabama Medical Center								
Crippled Children's Hospital [1-2]	Birmingham, Ala.	C. L. Lamar	..	.....	...	..	..	...
University Hospital and Hillman Clinic [1-2]	Birmingham, Ala.	E. L. Caveny	..	546	...	2	6	250
Veterans Admin. Hospital [1-2]	Birmingham, Ala.	J. R. Jarvis	..	392	...	1	1	...
University of Arkansas Medical Center [1-2]	Little Rock, Ark.	W. G. Reese	..	.....	...	2	6	200
Veterans Admin. Hospital [1]	North Little Rock, Ark.	E. S. Chappell	49	3,204	53	4	12	...
Camarillo State Hospital [1-2]	Camarillo, Calif.	F. H. Garrett	..	10,940	100	4	12	413
Veterans Admin. Hospital [1-2-15]	Long Beach, Calif.	M. Feld	..	495	1	1	3	...
Los Angeles County Hospital [1]	Los Angeles	J. McGinnis	..	8,925	11	4	10	246
Mount Sinai Hospital [1]	Los Angeles	S. D. Schwartz	..	123	...	2	6	110
University of California Hospital [1-2-32]	Los Angeles	N. Q. Brill	..	60	...	6	21	229
Veterans Admin. Hospital [1-2-40]	Los Angeles	J. T. Ferguson	11	4,076	148	20	50	...
Metropolitan State Hospital [1-2-19-60-72]	Norwalk, Calif.	R. E. Wyers	15	3,823	51	10	26	415
Veterans Admin. Hospital [1-2-79]	Palo Alto, Calif.	H. D. Von Witzleben	14	2,084	25	13	26	...
Langley-Porter Clinic [1-75]	San Francisco	A. Simon	13	304	...	13	53	300
Stanford University Hospitals [1-2]	San Francisco	G. S. Johnson	..	194	...	2	6	100
Veterans Admin. Hospital [1-2]	Sepulveda, Calif.	N. C. Mace	..	1,998	92	6	12	...
Mendocino State Hospital [1]	Talmadge, Calif.	D. L. Lieberman	..	895	104	2	6	...
University of Colorado Medical Center								
Colorado Psychopathic Hospital [1-2]	Denver	H. S. Gaskill	16	728	1	12	40	216
Veterans Admin. Hospital [1-2-52]	Denver	L. L. Woodin	..	568	3	3	6	...
Institute of Living	Hartford, Conn.	F. J. Braceland	..	983	4	8	16	333
Connecticut State Hospital [1-2]	Middletown, Conn.	H. S. Whiting	..	4,585	65	8	24	455
Grace-New Haven Community Hospital [1-2]	New Haven, Conn.	T. Lidz	17	45	...	2	14	75
Fairfield State Hospital [1]	Newtown, Conn.	J. E. Oltman	..	4,431	119	10	26	455
Norwich State Hospital [1-2]	Norwich, Conn.	R. H. Kettle	..	4,348	58	9	25	455
Veterans Admin. Hospital [1-2-100-132]	West Haven, Conn.	J. W. Higgins	18	476	2	13	27	...
Delaware State Hospital [1-2]	Farnhurst, Del.	M. A. Tarumianz	19	1,902	46	4	14	200
Georgetown University Hospital [1-2]	Washington, D. C.	G. N. Raines	..	.....	...	8	24	210
Jackson Memorial Hospital [1-2]	Miami, Fla.	J. M. Caldwell	..	907	...	9	19	166
Medical College of Georgia Hospitals								
Eugene Talmadge Memorial Hospital	Augusta, Ga.	E. J. McCranie	..	28	...	3	6	250
University Hospital [1]	Augusta, Ga.	H. Checkley	..	705	...	1	1	200
Veterans Admin. Hospital [1-2]	Augusta, Ga.	M. Dunn	21	2,151	25	1	6	...
Chicago State Hospital [1-2]	Chicago	P. Bailey	23-84	7,224	65	15	50	300
Michael Reese Hospital [1-2]	Chicago	R. M. Grinker, Sr.	..	666	1	5	15	125
Mount Sinai Hospital [1-2]	Chicago	I. Finkelman	..	448	2	1	3	225
Northwestern University Medical Center [1-2-105]	Chicago	B. Boshes	..	4,180	79	10	30	240
Chicago Wesley Memorial Hospital [1-2]	Chicago	B. Boshes	..	581	3	1	1	125
Veterans Admin. Hospital [1-125]	Downey, Ill.	A. Paunez	30	3,352	76	8	18	...
Presbyterian-St. Luke's Hospital								
Presbyterian Hospital Division [1-2]	Chicago	L. W. Avery	..	138	...	1	3	125
St. Luke's Hospital Division [1-2]	Chicago	R. P. Mackay	22	344	1	1	3	125
Stritch School of Medicine Affiliated Hospitals		J. J. Madden	..	.....	...	..	..	...
Loretto Hospital [1-2]	Chicago	..	..	575	2	1	2	200
Mercy Hospital [1-2-129]	Chicago	..	..	316	...	3	9	200
University of Chicago Clinics [1-2]	Chicago	C. K. Aldrich	..	151	...	4	13	200
University of Illinois Neuropsychiatric Institute [1-2]	Chicago	F. J. Gerty	27	198	...	4	11	140
Veterans Admin. West Side Hospital [1-2]	Chicago	L. Halperin	..	383	1	2	6	...
Veterans Admin. Hospital [1-2]	Hines, Ill.	L. Jensen	25	557	3	5	20	...
Indiana University Affiliated Hospitals						12	30	
Indianapolis General Hospital [1-2]	Indianapolis	D. Schuster	28	550	5	..	..	295
Indiana University Medical Center [1]	Indianapolis	J. I. Nurnberger	28	Incl. in Med. & Ped.		..	..	405
Larue D. Carter Memorial Hospital	Indianapolis	F. F. Moore	..	600	2	..	..	405
Veterans Admin. Hospital [1-2]	Indianapolis	T. Tausig	..	419	2	..	..	...
Mental Health Institute [1-2]	Cherokee, Iowa	W. C. Bringgar	..	1,913	31	2	2	425
Iowa State Psychopathic Hospital [1-2]	Iowa City	P. E. Huston	..	337	...	4	12	200
University of Kansas Medical Center [1-2]	Kansas City, Kan.	W. Roth, Jr.	..	165	...	4	12	175
Veterans Admin. Hospital [1-2]	Kansas City, Mo.	W. E. Olson	..	394	...	..	..	...
C. F. Menninger Memorial Hospital [1-2]	Topeka, Kan.	K. A. Menninger	29	229	...	3	7	200
Topeka State Hospital [1-2]	Topeka, Kan.	P. E. Feldman	29	1,740	51	20	56	224
Veterans Admin. Hospital [1-2-114]	Topeka, Kan.	D. W. Hammersley	29	1,816	21	20	62	...
University of Louisville Medical Center								
Central State Hospital [1-2]	Lakeland, Ky.	C. W. Morris	..	2,500	16	1	1	200
Veterans Admin. Hospital	Lexington, Ky.	See Listing of This Hospital in Following Section						
Louisville General Hospital [1-2]	Louisville, Ky.	W. K. Keller	..	1,000	3	3	3	200
Norton Memorial Infirmary	Louisville, Ky.	S. S. Ackerly	..	294	...	..	4	...
Veterans Admin. Hospital [1-2]	Louisville, Ky.	A. Guiglia	32	494	...	..	2	...

Numerical and other references will be found on pages 649 through 662.

23. PSYCHIATRY—Continued

Name of Hospital	Location	Chief of Service	Program Identification	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Salaries (Month)
Charity Hospital of Louisiana								
Louisiana State University Unit [1]	New Orleans	C. Watkins	35	861	7	4	12	100
Tulane University Unit [1]	New Orleans	R. G. Heath	34	874	6	4	12	100
Johns Hopkins Hospital [1-2]	Baltimore	J. C. Whitehorn	36	252	2	7	21	250
University Hospital [1]	Baltimore	J. E. Finesinger	..	695	3	6	19	150
Spring Grove State Hospital [1-3]	Catonsville, Md.	I. Tuerk	..	5,108	84	9	18	317
Veterans Admin. Hospital [1-3-166]	Perry Point, Md.	W. M. Harris	37	2,329	50	5	11	...
Sheppard and Enoch Pratt Hospital [1-3]	Towson, Md.	H. M. Murdock	..	477	3	4	10	367
Veterans Admin. Hospitals of the Boston Area								
Veterans Admin. Hospital [1-3-185]	Bedford, Mass.	R. S. Wells	39	3,223	29	3	9	...
Veterans Admin. Hospital [1-3-187]	Boston (Jamaica Plain)	S. Tartakoff	..	948	3	10	30	...
Veterans Admin. Hospital [1-3-188]	Brockton, Mass.	A. S. Mason	..	1,530	19	6	6	...
Boston State Hospital [1-3]	Boston	J. Mann	..	4,454	122	16	39	382
Massachusetts General Hospital								
General Hospital Division [1-3]	Boston	E. Lindemann	40	384	....	2	4	67
McLean Hospital [1-3]	Belmont, Mass.	A. H. Stanton	40	447	12	..	15	...
Massachusetts Memorial Hospitals [1-3-176]	Boston	W. Malamud	38	130	....	..	12	300
Massachusetts Mental Health Center [1]	Boston	H. C. Solomon	..	783	2	16	40	350
Worcester State Hospital [1-3]	Worcester, Mass.	S. Kligerman	..	2,979	31	7	21	355
University Hospital [1-3-191]	Ann Arbor, Mich.	R. W. Waggoner	..	642	1	10	41	335
Henry Ford Hospital [1-3]	Detroit	L. D. Proctor	41	349	1	1	3	333
Lafayette Clinic [1-3]	Detroit	J. S. Gottlieb	..	291	....	12	34	300
Receiving Hospital [1-3]	Detroit	J. M. Dorsey	44	5,388	15	7	21	363
Wayne County General Hospital and Infirmary [1-3]	Eloise, Mich.	J. A. Belisle	19	1,[illegible]	17	5	15	554
Northville State Hospital [1-3]	Northville, Mich.	P. N. Brown	..	2,520	28	5	15	541
Pontiac State Hospital [1-3]	Pontiac, Mich.	I. A. La Core	10	4,150	91	8	20	541
Ypsilanti State Hospital [1-3]	Ypsilanti, Mich.	D. B. Linder	..	5,096	98	6	18	541
University of Minnesota Hospitals [1-3-207]	Minneapolis	D. W. Hastings-R. Jensen	..	734	....	4	16	300
Veterans Admin. Hospital [1-3-215]	Minneapolis	W. Simon	46	680	1	2	2	...
Mayo Foundation	Rochester, Minn.	H. P. Rome	47	860	....	4	16	175
Veterans Admin. Hospital—Outpost Division [1-3-217]	Biloxi, Miss.	L. G. Behan	34	1,408	12	3	8	...
University of Mississippi Medical Center [167]								
University Hospital [1]	Jackson, Miss.	F. J. Moore	..	300	....	4	12	250
Veterans Admin. Hospital [1-3]	Jackson, Miss.	F. O. Hooker, III	..	317	....	..	..	...
Mississippi State Hospital [1]	Whitfield, Miss.	J. J. Read	..	7,957	90	6	6	300
Kansas City General Hospital No. 1 [1-3]	Kansas City, Mo.	M. E. Kirkpatrick	..	412	....	4	11	250
Barnes Hospital [1-3]	St. Louis	E. F. Gildea	10	1,111	2	13	28	50
St. Louis City Hospital [1-3-226]	St. Louis	G. Uhrt	..	2,473	4	10	22	234
St. Louis State Hospital [1-3]	St. Louis	L. H. Kohler	..	3,281	18	7	21	350
Veterans Admin. Hospital [1-3]	St. Louis	B. A. Cruvant	48	245	....	3	9	...
Nebraska Psychiatric Institute [1-3]	Omaha, Neb.	C. Wittson	51	308	....	10	34	300
Veterans Admin. Hospital [1-3]	Omaha, Neb.	F. A. Majka	53	452	2	2	6	...
New Jersey State Hospital at Ancora [1-3]	Hammonton, N. J.	M. Mendelson	..	3,537	174	3	7	341
Veterans Admin. Hospital [1-3]	Lyons, N. J.	L. S. Freeman	54	2,408	34	4	9	...
New Jersey State Hospital [1-3]	Marlboro, N. J.	J. B. Gordon	..	4,386	124	2	4	340
New Jersey State Hospital [1-3]	Trenton, N. J.	H. S. Magee	10	5,281	86	5	15	335
Albany Hospital [1-3]	Albany, N. Y.	W. L. Holt	..	1,300	10	3	11	250
Veterans Admin. Hospital [1-3-245]	Albany, N. Y.	T. H. Gilmore	..	..	2	3	5	...
Brooklyn State Hospital [1-3]	Brooklyn, N. Y.	N. Beckenstein	..	5,411	49	7	18	483
Kings County Hospital								
Division II [1-3]	Brooklyn, N. Y.	D. Enzerhardt	..	9,470	31	10	30	155
Veterans Admin. Hospital [1-3]	Brooklyn, N. Y.	I. Barasch	57	276	2	4	..	...
Buffalo State Hospital [1-3]	Buffalo	D. Whitehead	..	5,079	66	3	9	450
Edward J. Meyer Memorial Hospital [1-3]	Buffalo	S. M. Small	..	2,954	25	3	9	322
Central Islip State Hospital [1-3]	Central Islip, N. Y.	F. J. O'Neill	..	1[illegible]	238	12	25	487
Marcy State Hospital [1-3-250]	Marcy, N. Y.	W. Bigelow	..	2,962	68	7	7	440
Middletown State Homeopathic Hospital [1-3]	Middletown, N. Y.	H. Pleasure	..	4,871	111	4	8	487
Veterans Admin. Hospital [1-3-257]	Montrose, N. Y.	G. Rosenberg	61	2,222	45	5	9	...
Bellevue Hospital Center								
Div. III—New York University College of Medicine [270]	New York City	S. B. Wortis	58	18,566	139	17	53	105
Bronx Municipal Hospital Center [1-3]	New York City	M. Rosenbaum	..	630	....	12	44	157
Columbia-Presbyterian Medical Center		L. C. Kolb	..	....	....	..	..	...
New York State Psychiatric Institute [1-3]	New York City	[illegible]	..	362	1	4	4	350
Presbyterian Hospital [1]	New York City	[illegible]	..	[illegible]	....	4	4	350
Manhattan State Hospital [1-3-270]	New York City	J. H. Travis	59	4,388	111	13	13	487
New York Hospital [1-3]	New York City	O. Diethelm	..	314	....	5	15	179
St. Luke's Hospital [1-3]	New York City	J. M. Cotton	..	382	1	1	3	100
St. Vincent's Hospital [1-3]	New York City	H. A. Tompkins	..	371	....	3	10	300
Veterans Admin. Hospital (Bronx) [1-3]	New York City	W. Brown	60	1,104	4	10	22	...
Veterans Admin. Hospital (Manhattan) [1-3-265]	New York City	R. E. Peck	..	806	11	8	22	...
Veterans Admin. Hospital [1-3]	Northport, N. Y.	H. Tanner	..	3,109	27	4	6	...
Rockland State Hospital [1-3-280]	Orangeburg, N. Y.	A. M. Stanley	10	9,664	103	6	30	487
Hudson River State Hospital [1-3]	Poughkeepsie, N. Y.	R. C. Hunt	62	7,190	23	5	15	487
Creedmoor State Hospital [1-3-287]	Queens Village, N. Y.	H. A. La Burt	..	8,795	136	18	56	487
Rochester State Hospital [1-3-290]	Rochester, N. Y.	C. F. Terrence	64	5,249	51	3	7	487.50
Strong Memorial-Rochester								
Municipal Hospital [1-3-292]	Rochester, N. Y.	J. Romano	63	1,339	3	8	36	117
Ellis Hospital [1-3]	Schenectady, N. Y.	J. L. Best	..	1,453	3	2	3	150
State University of New York								
Upstate Medical Center Hospitals [1-3]	Syracuse, N. Y.	M. Hollender	..	749	5	6	18	233
Veterans Admin. Hospital [1-3]	Syracuse, N. Y.	W. A. Mann	..	370	....	4	6	...
Syracuse Psychiatric Hospital [1-3]	Syracuse, N. Y.	M. H. Hollender	66	514	....	4	4	487
Grasslands Hospital [1-3]	Valhalla, N. Y.	F. V. Rockwell	..	1,277	6	2	7	225
Pilgrim State Hospital [1-3]	West Brentwood, N. Y.	H. J. Worthing	..	16,697	350	20	40	450
New York Hospital—Westchester Division [1-3]	White Plains, N. Y.	J. H. Wall	..	733	4	6	14	150
North Carolina Memorial Hospital [1-3-299]	Chapel Hill, N. C.	G. C. Ham	..	687	1	12	42	200
Duke University Affiliated Hospitals								
Duke Hospital [1-3]	Durham, N. C.	E. W. Busse	..	404	2	6	20	200
Veterans Admin. Hospital [1-3]	Durham, N. C.	J. B. Parker, Jr.	..	373	....	1	6	...

Numerical and other references will be found on pages 640 through 642.

195
V. 1

23. PSYCHIATRY—Continued

Name of Hospital	Location	Chief of Service	Program Identification	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning (Month)
University of Cincinnati College of Medicine Hospital Group								
Cincinnati General Hospital [1-2]	Cincinnati	M. Levine	69	882	3	14	42	300
Veterans Admin. Hospital [1-2]	Cincinnati	H. Hiatt	..	365	...	..	14	...
Cleveland Receiving Hospital and State Institute of Psychiatry [1-2]	Cleveland	E. N. Hinko	..	1,441	11	8	24	375
Western Reserve University Medical School Affiliated Hospitals								
University Hospitals [1-2]	Cleveland	D. D. Bond	71	239	...	4	12	150
Veterans Admin. Hospital [1-2-315]	Cleveland	J. Ross	71	391	...	1	3	...
Columbus State Hospital [1-2-229]	Columbus, Ohio	R. L. Johnson	10	3,201	125	15	34	375
Ohio State University Hospitals								
Columbus Psychiatric Institute and Hospital [1-2-230]	Columbus, Ohio	R. M. Patterson	10	840	...	12	28	375
Harding Sanitarium [1]	Worthington, Ohio	H. S. Evans	..	677	2	2	5	...
Central State-Griffin Memorial Hospital [1-2]	Norman, Okla.	M. Wettstein	..	3,681	47	4	12	500
University of Oklahoma Medical Center			..	...	...	10	26	...
University Hospital [1-2-230]	Oklahoma City	L. J. West	..	357	...	..	..	...
Veterans Admin. Hospital [2]	Oklahoma City	J. T. Shurley	..	414	1	..	..	...
Danville State Hospital [1-2-231]	Danville, Pa.	R. L. Gatski	..	3,337	19	7	35	404
Norristown State Hospital [1]	Norristown, Pa.	A. P. Noyes	..	5,430	98	7	20	500
Eastern Pennsylvania Psychiatric Institute [1-2]	Philadelphia	J. E. Davis	..	326	3	2	10	312
Pennsylvania Hospital—The Institute and the Department for Mental and Nervous Diseases [1-2]	Philadelphia	L. H. Smith	72	412	1	10	24	300
Philadelphia General Hospital [1-2]	Philadelphia	W. Phillips	..	2,215	22	4	12	405
Philadelphia Psychiatric Hospital [1-2]	Philadelphia	S. Cohen	..	1,298	...	5	15	167
Philadelphia State Hospital [1-2]	Philadelphia	E. L. Bielke	..	7,479	48	12	30	500
Temple University Hospital [1-2-231]	Philadelphia	O. S. English	74	101	...	6	22	...
Western Psychiatric Institute and Clinic [1-2]	Pittsburgh	H. W. Brosin	75	434	1	15	45	267
Warren State Hospital [1-2]	Warren, Pa.	R. H. Israel	..	4,641	120	12	30	585
Teaching Hospitals of the Medical College of South Carolina	Charleston, S. C.	J. J. Cleckley	..	771	3	1	2	137
Medical College Hospital			..	...	...	..	..	...
Roper Hospital			..	...	...	..	..	...
Galbor Memorial Psychiatric Hospital [1-2]	Memphis, Tenn.	T. S. Hill	..	607	...	4	12	250
Vanderbilt University Hospital [1-2]	Nashville, Tenn.	W. F. Orr	76	89	...	2	6	50
Parkland Memorial Hospital [1-2]	Dallas, Texas	R. Stubblefield	10	188	...	3	8	300
Timberlawn Sanitarium	Dallas, Texas		..	...	...	..	..	...
University of Texas Medical Branch Hospitals [1-2]	Galveston, Texas	T. Harris	77	2,432	11	10	30	160
Baylor University College of Medicine Affiliated Hospitals								
Jefferson Davis Hospital [1-2]	Houston, Texas	W. T. Lhamon	..	244	3	2	9	75
Methodist Hospital [1-2]	Houston, Texas	M. C. Bellis	..	437	...	1	1	250
Veterans Admin. Hospital [1-2]	Houston, Texas	A. D. Pokorny	78	1,441	5	6	18	...
University of Utah Affiliated Hospitals								
Salt Lake County General Hospital [2]	Salt Lake City	C. H. H. Branch	..	268	...	5	15	250
Veterans Admin. Hospital [1-2]	Salt Lake City	M. P. Graeber	..	794	13	..	4	...
University of Virginia Medical Center Hospitals								
University of Virginia Hospital [1-2]	Charlottesville, Va.	I. P. Stevenson	80	481	1	4	14	200
Medical College of Virginia—Hospital Division [1-2]	Richmond, Va.	P. H. Drewry	..	750	3	2	5	75
Veterans Admin. Hospital [1-2]	Richmond, Va.	A. Davis	82	791	3	2	4	...
University of Washington Affiliated Hospitals								
King County Hospital Unit No. 1 (Harborview) [1]	Seattle	H. S. Ripley	..	1,788	6	..	1	145
Veterans Admin. Hospital [1-2]	Seattle	M. H. Johnson	83	223	3	4	12	...
University Hospitals [1-2]	Madison, Wis.	R. Roessler	..	561	...	10	30	250
Veterans Admin. Hospital [1-2-323]	Milwaukee (Wood), Wis.	M. J. Primakow	..	1,329	10	3	5	...
Hospital Hato Tejas [1-2]	Bayamon, P. R.	R. Fernandez-Marina	..	467	...	6	15	250
Psychiatric Center for Training and Research	San Juan, P. R.	J. A. Rossello	..	191	...	6	6	...

Residency programs in the following hospitals have been approved for TWO years of training by the Council and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program or programs approved at the two or three year level—see summary of requirements American Board of Psychiatry and Neurology, Inc., page 685).

Hospitals, 51; Assistant Residencies and Residencies, 436

UNITED STATES NAVY

U. S. Naval Hospital [1-2]	Oakland, Calif.	M. E. Roudebush	..	1,220	3	5	6	...
U. S. Naval Hospital [1-2]	Philadelphia	J. F. McMullin	..	1,480	6	2	2	...

NONFEDERAL AND VETERANS ADMINISTRATION

Veterans Admin. Hospital [1]	Tuskegee, Ala.		..	.....	...	..	..	...
Herrick Memorial Hospital [1-2]	Berkeley, Calif.	A. E. Bennett	..	558	...	1	6	300
Mount Zion Hospital [1-2]	San Francisco	N. Reider	..	78	...	..	7	200
Stockton State Hospital	Stockton, Calif.	E. F. Galloni	..	2,324	146	3	9	415
District of Columbia General Hospital [1-2]	Washington, D. C.	J. Schultz	..	4,475	2	3	3	250
George Washington University Hospital [1-2]	Washington, D. C.	W. Overholser	..	865	1	..	2	175
Duval Medical Center [1-2]	Jacksonville, Fla.	S. G. Bedell	..	670	3	2	5	175
Galesburg State Research Hospital [1-2]	Galesburg, Ill.	T. T. Tourlentes	84	1,284	34	4	8	300
Veterans Admin. Hospital [1-2]	Lexington, Ky.	E. W. Straus	31	1,994	31	1	1	...
Veterans Admin. Hospital [1-2]	New Orleans	R. G. Heath	34	252	1	2	3	...
Seton Institute [1-2]	Baltimore	L. H. Bartemeier	..	582	...	3	12	250
Springfield State Hospital [1-2]	Sykesville, Md.	I. L. Hitchman	..	4,705	104	3	11	...
Beth Israel Hospital [1-2]	Boston	G. L. Bibring	..	.....	...	..	10	167
New England Center Hospital [1-2]	Boston	J. M. Hope	..	1,432	...	1	2	100
Medfield State Hospital [1-2]	Medfield, Mass.	D. P. Kenefick	..	1,928	37	4	8	282
Metropolitan State Hospital [1]	Waltham, Mass.	M. Asekoff	..	2,360	74	2	4	255
Minneapolis General Hospital	Minneapolis	W. F. Sheeley	..	882	2	1	2	220
Homer G. Phillips Hospital [1-2]	St. Louis	E. P. Gildea	..	371	...	2	6	201
Hastings State Hospital [1-2]	Ingleside, Neb.	J. A. Wolford	52	2,349	45	4	8	400
Creighton Memorial-St. Joseph's Hospital	Omaha, Neb.	C. H. Farrell	..	804	4	2	6	250

Numerical and other references will be found on pages 840 through 842.

23. PSYCHIATRY—Continued

Name of Hospital	Location	Chief of Service	Program Identification	Inpatients Treated	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [5]	Beginning (Month)
Essex County Overbrook Hospital [1-2]	Cedar Grove, N. J.	H. A. Davidson	..	4,208	91	6	18	445
New Jersey State Hospital [1-2]	Greystone Park, N. J.	A. Crandell	..	7,285	141	2	6	540
New Jersey Neuro-Psychiatric Institute [1-2]	Skillman, N. J.	R. E. Bennett	..	1,507	40	2	11	541
Binghamton State Hospital [1-2]	Binghamton, N. Y.	U. Schutzer	..	4,684	45	5	5	487
Veterans Admin. Hospital [1-2-25]	Canandaigua, N. Y.	D. Davis	65	2,008	35	3	6	...
Hillside Hospital [1-2]	Glen Oaks, N. Y.	J. S. A. Miller	10	477	...	2	10	200
St. Vincent's Hospital [1-2]	Harrison, N. Y.	R. D. Isernia	..	432	...	2	4	375
Gowanda State Homeopathic Hospital [1-2]	Helmuth, N. Y.	I. M. Rossman	..	3,080	58	..	6	480
Kings Park State Hospital [1-2]	Kings Park, N. Y.	C. Buckman	..	8,470	126	5	13	487
Mount Sinai Hospital [1-2]	New York City	M. R. Kaufman	..	153	...	..	10	75
High Point Hospital [1-2]	Port Chester, N. Y.	A. Grahnick	..	124	...	..	4	200
Utica State Hospital [1-2-29]	Utica, N. Y.	B. R. Young	..	3,272	50	6	12	487
Willard State Hospital [1-2]	Willard, N. Y.	K. Kelly	..	3,088	87	4	9	487
Harlem Valley State Hospital [1-2]	Wingdale, N. Y.	L. P. O'Donnell	55	6,675	74	11	11	487
State Hospital [1-2]	Raleigh, N. C.	W. A. Sikes	..	4,497	64	4	8	436
Graylyn-North Carolina Baptist Hospital [1-2]	Winston-Salem, N. C.	A. C. Randolph	..	384	...	2	9	166
Cleveland Clinic Hospital [1-2]	Cleveland	G. H. Williams	70	286	...	1	3	175
Oregon State Hospital [1-2]	Salem, Ore.	H. L. Nelson	..	3,000	119	2	8	345
Allentown State Hospital [1-2]	Allentown, Pa.	H. T. Fiedler	..	1,755	50	6	14	417
Veterans Admin. Hospital [1-2-25]	Coatesville, Pa.	M. J. Gardner	73	2,048	40	4	12	...
Embreeville State Hospital [1-2]	Embreeville, Pa.	E. R. Wright	..	1,502	44	6	9	540
Harrisburg State Hospital [1-2]	Harrisburg, Pa.	H. C. Eaton	..	2,677	...	6	10	541
Mayview State Hospital	Mayview, Pa.	J. Solhaug	..	3,457	24	6	12	...
Friends Hospital [1-2]	Philadelphia	T. L. Dehne	..	355	8	4	6	400
Hospital of the University of Pennsylvania [1-2]	Philadelphia	K. Appel	..	21	...	8	20	200
State Hospital for Mental Diseases [1-2]	Howard, R. I.	J. F. Regan	..	5,022	94	3	14	437
Austin State Hospital [1-2]	Austin, Texas	S. Hoerster, Jr.	..	5,532	160	20	45	475
Eastern State Hospital [1-2]	Williamsburg, Va.	J. E. Barrett	81	2,445	75	10	20	700
Milwaukee Sanitarium Foundation [1-2]	Wauwautosa, Wis.	C. W. Osgood	..	507	4	3	3	400
Territorial Hospital [1-2-27]	Kaneohe, T. H.	R. A. Kimmich	..	1,751	26	5	8	633

Residency programs in the following hospitals have been approved for ONE year of training by the Council and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. (Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, Inc., should refer to the Board requirements that the candidate have had at least two of the three years of his training in a program approved at the two or three year level—see summary of requirements American Board of Psychiatry and Neurology, Inc., page 686).

Hospitals, 32; Assistant Residencies and Residencies, 110

UNITED STATES PUBLIC HEALTH SERVICE

National Institutes of Health—Clinical Center [1-2]	Bethesda, Md.	R. Cohen	..	148	...	..	8	...
U. S. Public Health Service Hospital [1-2]	Stapleton, S. I., N. Y.	E. W. Green	..	585	...	1	1	...

NONFEDERAL AND VETERANS ADMINISTRATION

Agnews State Hospital [1-2]	Agnew, Calif.	W. Rapaport	..	7,788	125	3	3	415
Compton Sanitarium [1-2]	Compton, Calif.	G. C. Burns	..	670	5	4	4	350
Napa State Hospital [1-2]	Imola, Calif.	W. A. Oliver	..	8,750	241	2	2	415
Patton State Hospital [1]	Patton, Calif.	R. J. Lentz	..	7,324	115	2	2	415
Pacific State Hospital [1]	Pomona, Calif.	G. Tarjan	..	3,062	39	..	1	415
Kaiser Foundation Hospital [1-2-3]	San Francisco	B. I. Kahn	..	13	...	..	1	200
St. Mary's Hospital [1-2]	San Francisco	M. T. Khlentzos-J. J. Preisinger	..	.....	...	..	..	...
Colorado State Hospital [1-2]	Pueblo, Calif.	E. L. Durrill	..	7,858	85	12	24	415
Silver Hill Foundation [2]	New Canaan, Conn.	W. B. Terhune	..	300	...	1	2	...
Children's Hospital [1-2]	Washington, D. C.	R. S. Lourie	..	10	...	1	3	300
Grady Memorial Hospital [1]	Atlanta, Ga.	J. S. Skobba	..	315	...	1	1	350
Cook County Hospital	Chicago	V. G. Urse	..	7,692	4	3	6	350
North Shore Hospital [1-2]	Winnetka, Ill.	S. Liebman	..	436	5	...	2	...
Dr. Norman M. Beatty Memorial Hospital	Westville, Ind.	.....	..	.....	...	..	..	...
Crownsville State Hospital [1-2]	Crownsville, Md.	L. D. Campbell	..	3,615	60	5	5	461
Chestnut Lodge Sanitarium [1-2]	Rockville, Md.	D. M. Bullard	..	108	...	..	4	...
Peter Bent Brigham Hospital [1-2]	Boston	H. M. Fox	..	Incl. in Int. Med.		..	2	333
St. Elizabeth's Hospital [1-2]	Boston	N. Flanagan	..	577	1	1	2	125
Foxborough State Hospital [1-2]	Foxborough, Mass.	J. T. Shea	..	1,974	44	3	6	527
Austen Riggs Center [1-2]	Stockbridge, Mass.	R. P. Knight	..	98	...	..	7	500
Taunton State Hospital [1-2]	Taunton, Mass.	W. E. Glass	..	2,800	46	6	6	737
Westborough State Hospital [1-2]	Westborough, Mass.	D. V. Capra	..	2,511	61	2	4	255
Hawthorn Center	Northville, Mich.	R. D. Rabinovitch	10	97	...	5	5	540
Traverse City State Hospital [1-2]	Traverse City, Mich.	M. D. Sommerness	..	4,102	64	6	18	541
Mississippi State Hospital [1]	Whitfield, Miss.	J. J. Head	..	7,957	90	6	6	300
St. Mary's Group of Hospitals [1-2]	St. Louis	F. M. Grogan	50	641	7	1	1	100
New Hampshire State Hospital [1-2]	Concord, N. H.	G. D. Niswander	..	3,577	47	2	6	312
Bergen Pines County Hospital [1-2]	Paramus, N. J.	H. E. Lederer	..	1,234	6	1	1	300
River Crest Sanitarium [1-2]	Astoria, N. Y.	M. Dollin	..	1,022	2	..	1	350
Meadowbrook Hospital [1-2]	Hempstead, N. Y.	R. R. Steen	..	1,534	25	1	1	225
Lenox Hill Hospital [1-2-22]	New York City	K. F. Woodward	..	.....	...	..	1	400
New York University-Bellevue Medical Center University Hospital [2-3]	New York City	S. B. Wortis	58	60	...	..	4	105
Roosevelt Hospital [1]	New York City	R. W. Laidlaw	..	104	...	2	4	138
St. Lawrence State Hospital [1-2]	Ogdensburg, N. Y.	H. B. Snow	..	2,778	59	5	5	487
Astor Home for Children [1-2]	Rhinebeck, N. Y.	.....	..	51	...	..	2	...
Letchworth Village [1]	Thiells, N. Y.	I. N. Wolfson	..	.....	25	3	3	487
Longview State Hospital [1-2]	Cincinnati	D. Goldman	..	3,217	116	3	6	276
St. Charles Hospital [1-2]	Toledo, Ohio	J. M. Kenyon	..	940	...	2	2	450
Abington Memorial Hospital [1-2]	Abington, Pa.	E. T. Ayer	..	276	3	..	4	200
Albert Einstein Medical Center [1-2]	Philadelphia	P. Sloane	..	.....	...	..	3	175
Jefferson Medical College Hospital [1-2]	Philadelphia	B. L. Keyes	..	97	...	2	2	100
Veterans Admin. Hospital [1-2]	Philadelphia	M. Cohen	..	231	1	1	1	...
St. Francis General Hospital and Rehabilitation Institute [1-2]	Pittsburgh	J. A. Malcolm	..	5,081	41	4	4	225

Numerical and other references will be found on pages 640 through 642.

195
V. 1

23. PSYCHIATRY—Continued

Name of Hospital	Location	Chief of Service	Position Identification	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Charles V. Chapin Hospital [1-2].....	Providence, R. I.	W. N. Hughes.....	..	1,045	6	2	2	450
Emma Pendleton Bradley Hospital [1-2].....	Riverside, R. I.	M. W. Laufer.....	..	60	...	..	3	333
Brattleboro Retreat [1-2].....	Brattleboro, Vt.	R. A. Knoworthy, III.....	..	1,190	1	2	6	455
Vermont State Hospital *.....	Waterbury, Vt.	R. A. Chittick.....	..	1,700	20	2	4	400
Pixel Foundation [1-2].....	Seattle	R. H. Dickinson.....	..	62	...	..	2	400
Mendota State Hospital [1-2].....	Madison, Wis.	G. D. Tybring.....	..	2,602	22	3	6	605
Queen's Hospital [1-2-333].....	Honolulu, T. H.	K. Rusch.....	..	574	1	1	3	150

PSYCHIATRY PROGRAM IDENTIFICATION

30. Service in child psychiatry.
31. Six months service at Los Angeles County Hospital, Los Angeles.
32. Nine months service at Mount Zion Hospital, six months at Langley Porter Clinic and service in child psychiatry, San Francisco.
33. Three months of service at Napa State Hospital, San Francisco Hospital, Stockton State Hospital, Sonoma State Home and San Quentin Prison; and six months at Colwell Memorial Hospital.
34. Three months service at Fort Miley Veterans Administration Hospital, San Francisco, and Langley Porter Clinic, San Francisco; may include elective services at University of California Hospital, Mount Zion Hospital and Stanford University (Lane) Hospital, San Francisco.
35. Three months service at Pacific Colony Hospital, Pomona, and three months service in child psychiatry at Camarillo State Hospital.
36. Affiliate services at Colorado General and Denver General Hospitals.
37. Affiliate service at Veterans Administration Hospital, West Haven, Connecticut State Hospital, Fairfield State Hospital, Norwich State Hospital and service in child psychiatry.
38. Twelve months service at Grace-New Haven Community Hospital, New Haven, Connecticut.
39. Six months service at Governor Bacon Health Center, Delaware City.
40. Two months service at George Washington University Hospital, Washington, D. C.
41. Affiliate service at University Hospital, Augusta, Georgia.
42. Twelve months service at the Neuropsychiatric Institute of the University of Illinois including service in child psychiatry.
43. Eighteen months affiliate service including service at the Neuropsychiatric Institute of the University of Illinois and three months in child psychiatry.
44. Affiliate service in Neuropsychiatric Institute of the University of Illinois and service in child psychiatry.
45. Three months service at Veterans Administration Hospital, Downey, Illinois, and service in child psychiatry.
46. Six months service at Veterans Administration Hospital, Hines, Illinois. May include service in child psychiatry.
47. Six months service in child psychiatry.
48. Integrated program including service at Veterans Administration Hospital, Indianapolis General Hospital and Indiana University Medical Center and Affiliated Hospitals, Indianapolis.
49. Integrated program including service at Veterans Administration Hospital, Menninger Sanitarium and Topeka State Hospital, Topeka, Kansas.
50. Four months service at University of Louisville Services, Louisville, Kentucky, and four months service at Cincinnati General Hospital, Cincinnati, Ohio.
51. Three months service at University of Louisville Services, Louisville, Kentucky.
52. Twelve months service at University of Louisville Services. May include four months service at Central State Hospital; four months service at Louisville General Hospital.
53. Four months service at Central State Hospital and service in child psychiatry.
54. Integrated program including service at Tulane University Unit, Charity Hospital, New Orleans, and Veterans Administration Hospitals, New Orleans, and Biloxi, Mississippi.
55. Six months service in child psychiatry and twelve months service at South Louisiana State Hospital.
56. Service in child psychiatry.
57. Three months service in child psychiatry at Johns Hopkins Hospital (Harriet Lane House), Baltimore, Maryland.
58. Twelve months service at Boston State Hospital and service in child psychiatry.
59. Twelve-eighteen months service at Veterans Administration Hospital, Boston (Jamaica Plain), Massachusetts, and six months service in child psychiatry.
60. Integrated program including service at Massachusetts General Hospital and McLean Hospital, Waverly; may include 1 year training in child psychiatry at James Jackson Putnam Children's Center.
61. Twelve months service at University Hospital, Ann Arbor, Michigan.
62. University Hospital, Ann Arbor, Michigan.
63. Three months service at Coldwater State Home and Training School, Caro State and Ionia State Hospitals and service in child psychiatry.
64. Six months service in child psychiatry at Children's Hospital, Detroit.
65. Six months service at Receiving Hospital, Children's Hospital, Detroit, and Wayne County General Hospital and Infirmary, Eloise, Michigan.
66. University of Minnesota Hospitals, Minneapolis, Minnesota.
67. Three months service at Rochester State Hospital, Rochester, Minn.
68. Affiliate service at Barnes Hospital, St. Louis and three months at St. Louis State Hospital.
69. Six months service at Barnes Hospital, St. Louis, Missouri.
70. Service at St. Louis State Hospital and St. Louis City Hospital.
71. Service at Lutheran Hospital, Omaha.
72. Service at University of Nebraska Hospital.
73. Affiliate service at University of Nebraska Hospital and Creighton Memorial-St. Joseph Hospital, Omaha, Nebraska.
74. Six months service at Newark City Hospital; three months at New Jersey State Hospital and three months in child psychiatry.
75. Three months service at Albany Hospital, Albany, New York.
76. Affiliate services at Edward J. Meyer Memorial Hospital and Buffalo State Hospital.
77. Six months service at King's County Hospital, Brooklyn, New York.
78. Integrated program with service at Bellevue Hospital Center and University Hospital.
79. Six months service at Mount Sinai Hospital, New York City.
80. Service in child psychiatry. May include six months service at Mount Sinai Hospital and three months at Manhattan State Hospital.
81. Twelve months service at New York Hospital and four months at Veterans Administration Hospital, New York City (Bronx), New York
82. Three months service at Grasslands, Rockland State, Albany Hospitals and Letchworth Village.
83. Six months service at Rochester State Hospital, Rochester, New York.
84. Six months service at Strong Memorial-Rochester Municipal Hospitals, Rochester.
85. Affiliate service at Strong Memorial-Rochester Municipal Hospitals.
86. Three months service at Syracuse Memorial, Binghamton, Syracuse and Willard State Hospitals, service at Craig Colony and service in child psychiatry.
87. Affiliate service at State Hospitals at Raleigh and Butner, North Carolina.
88. Eighteen months service at Duke Hospital, Durham, North Carolina.
89. Includes rotation through Central (Mental Hygiene) Clinic of the Community Chest, Child Guidance Home, Longview State Hospital, Jewish Hospital.
90. Integrated program including service at Cleveland Clinic and Windsor Hospital.
91. Integrated program including service at University Hospital and Veterans Administration Hospital, Cleveland, Ohio.
92. Integrated program with service at Institute of the Pennsylvania Hospital and Pennsylvania Hospital Department for Mental and Nervous Diseases.
93. Affiliate service at Temple University Hospital, Institute of Pennsylvania, Hospital of the Woman's Medical College of Pennsylvania.
94. Six months service at Philadelphia General Hospital and service in child psychiatry.
95. Two months affiliate service for institutional care.
96. Integrated program including service at Vanderbilt University Hospital, Veterans Administration Hospital, Nashville, Veterans Administration Hospital, Murfreesboro, and Central State Hospital, Nashville.
97. Four months affiliate service at St. Mary's Infirmary, Galveston, Texas.
98. Service in child psychiatry at Jefferson Davis Hospital, Houston, Texas.
99. Six months affiliate service at Veterans Administration Hospital, Salt Lake City, Utah, and affiliate services at State Hospital, Provo, Utah.
100. Integrated program including service at University of Virginia Hospital, Charlottesville and Veterans Administration Hospital, Roanoke, Va.
101. Affiliate service at Southwestern State Hospital, Marion and Lynchburg State Colony, Lynchburg, Va.
102. Six months service at Medical College of Virginia—Hospital Division, Richmond, and service in child psychiatry.
103. Six months service at Veterans Administration Hospital, American Lake, Washington, and six months in child psychiatry.
104. Illinois Mental Health Service program under the direction of the Illinois State Psychopathic Institute.

Numerical and other references will be found on pages 640 through 642.

24. PULMONARY DISEASE

Residency programs in the following hospitals have been approved for ONE year of training by the Council and the Subspecialty Board for Pulmonary Disease of the American Board of Internal Medicine, as offering acceptable training in the specialty.

Hospitals, 113; Assistant Residencies and Residencies, 383.

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
UNITED STATES ARMY							
Fitzsimons Army Hospital [1-2]	Denver	J. A. Wier	1,565	3	5	5	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE							
Freedmen's Hospital [1-2]	Washington, D. C.	H. M. Payne	134	7	..	1	300
DOD/FEDERAL AND VETERANS ADMINISTRATION							
Maricopa County General Hospital [1-2]	Phoenix, Ariz.	B. L. Snyder	246	1	1	1	300
City of Hope Medical Center [1-2]	Duarte, Calif.	L. Tepper	361	16	1	1	400
Barlow Sanatorium [1-2]	Los Angeles	H. W. Bosworth	228	3	1	1	333
Los Angeles County Hospital [1]	Los Angeles	H. Gierson	1,279	61	..	1	333
Bret Harte Sanatorium [1-2]	Murphys, Calif.	L. M. Barber	519	6	2	2	500
San Diego County General Hospital [1-2]	San Diego, Calif.	B. J. Comer	258	6	1	3	350
San Francisco Hospital							
Stanford University Service [1]	San Francisco	J. Kieran	769	8	..	1	295
University of California Service [1]	San Francisco	S. Farber	770	33	1	3	295
Santa Clara County Hospital [1-2]	San Jose, Calif.	R. M. Manson	242	7	..	1	542
Fairmont Hospital of Alameda County [1-2-28]	San Leandro, Calif.	W. B. Leftwich	285	10	1	1	300
Tulare-Kings Counties Hospital [1-2]	Springville, Calif.	W. A. Winn	472	19	3	3	400
National Jewish Hospital [1-2]	Denver	S. H. Dressler	704	12	9	9	250
University of Colorado Medical Center							
Colorado General Hospital [1-2]	Denver	R. S. Mitchell	98	1	..	2	180
Denver General Hospital [1-2]	Denver	G. Meikejohn	174	4	..	..	...
Cedarcrest Hospital [1-2]	Newington, Conn.	R. C. Edson	577	16	1	1	333
Uncas-on-Thames [1-2]	Norwich, Conn.	N. L. Cressy	811	32	3	3	350
Laurel Heights Hospital [1-2]	Shelton, Conn.	K. S. Howlett, Jr.	670	29	2	2	395
Veterans Admin. Hospital [1-2]	West Haven, Conn.	N. D. Esopo	620	22	..	4	...
District of Columbia General Hospital [1-2]	Washington, D. C.	B. Katz	499	51	2	4	333
George Washington University Hospital [1-2]	Washington, D. C.	B. Blades	401	12	..	..	...
Southeast Florida Tuberculosis Hospital	Lantana, Fla.	M. Kovnat	478	20	2	2	300
Chicago State Tuberculosis Sanitarium [1-2]	Chicago	M. M. Pyle	782	23	1	2	350
City of Chicago Municipal Tuberculosis Sanitarium [1-2]	Chicago	L. H. Berard	2,833	62	2	2	185
Cook County Hospital-Oak Forest Tuberculosis Hospital [1-2]	Chicago	G. Holmes-G. Turner	2,128	30	5	4	140
Michael Reese Hospital [1-2]	Chicago	D. Radner	992	23	1	2	125
Mount Vernon State Tuberculosis Sanitarium	Mount Vernon, Ill.	H. C. Rogers	254	7	2	2	479
Peoria Municipal Tuberculosis Sanitarium [1-2]	Peoria, Ill.	D. Morse	136	2	1	2	250
Healthwin Hospital [1]	South Bend, Ind.	E. W. Custer	230	3	1	1	500
University of Kansas Medical Center [1-2-15]	Kansas City, Kan.	M. Fitz Patrick	240	10	..	1	125
Veterans Admin. Hospital [1-2]	Kansas City, Mo.	C. E. Andrews	Incl. in Int. Med.		..	..	...
Charity Hospital of Louisiana							
Louisiana State University Unit [1]	New Orleans	W. R. Akenhead	223	10	..	2	175
Central Maine Sanatorium [1-2-100]	Fairfield, Maine	W. B. Grow	181	11	1	1	75
Veterans Admin. Hospital	Baltimore	R. C. Duvall	648	26	..	..	...
Glenn Dale Hospital [1-2]	Glenn Dale, Md.	D. Goldenberg	1,121	24	6	6	358
Boston Sanatorium [1-2]	Boston	J. A. Foley	902	16	1	5	223
Cambridge Sanatorium [1-2]	Cambridge, Mass.	R. Kurzmann	300	6	1	1	540
Veterans Admin. Hospital [1-2]	Rutland Heights, Mass.	S. T. Allison	1,291	29	1	1	...
Middlesex County Sanatorium [1-2]	Waltham, Mass.	H. W. Kvarfs	427	8	1	1	667
Westfield State Sanatorium [1-2]	Westfield, Mass.	J. M. Houser	222	11	3	3	527
Worcester County Sanatorium	Worcester, Mass.	H. J. Lorge	232	21	3	3	...
Henry Ford Hospital [1-2]	Detroit	E. O. Coates, Jr.	498	15	1	3	250
Herman Kiefer Hospital [1-2]	Detroit	T. T. Chapman	2,504	110	9	11	554
Michigan State Sanatorium [1-2]	Howell, Mich.	W. F. Fidler	764	1	4	4	927
Wm. H. Maybury Sanatorium [1-2]	Northville, Mich.	W. L. Howard	1,786	23	5	5	555
Veterans Admin. Hospital [1-2]	Minneapolis	F. M. MacDonald	435	47	1	1	...
Nopeming Sanatorium [1-2]	Nopeming, Minn.	R. W. Beckus	653	13	..	1	130
Glen Lake Sanatorium [1-2]	Oak Terrace, Minn.	R. H. Proet	737	19	3	3	308
Mayo Foundation	Rochester, Minn.		Incl. in Int. Med.		..	..	175
Mississippi State Sanatorium [1-2]	Sanatorium, Miss.	C. A. Watkins	986	5	2	2	400
Robert Koch Hospital [1-2]	Koch, Mo.	B. Friedman	1,225	19	5	12	351
Missouri State Sanatorium [1-2]	Mount Vernon, Mo.	J. L. Yates	1,515	46	2	3	333
St. Mary's Group of Hospitals [1-2]	St. Louis	G. O. Broun	261	10	1	1	100
Veterans Admin. Hospital [1-2]	East Orange, N. J.	M. K. Small	734	8	..	2	...
New Jersey Sanatorium for Chest Diseases [1-2]	Glen Gardner, N. J.	J. A. Smith	554	8	5	5	525
B. S. Pollak Hospital for Chest Diseases [1-2]	Jersey City, N. J.	S. Cohen	888	42	9	9	166
Bergen Pines County Hospital [1-2]	Paramus, N. J.	R. R. Little	462	43	2	2	200
Essex County Sanatorium [1-2]	Verona, N. J.	I. Ocheret	704	30	3	5	500
Veterans Admin. Hospital	Albuquerque, N. M.	J. W. Berry	1,022	36	1	1	...
Albany Hospital [1-2]	Albany, N. Y.	F. C. Maxon	261	14	2	2	160
Kings County Hospital							
Division I [1-2]	Brooklyn, N. Y.	C. C. Hamilton	Incl. in Int. Med.		1	2	165
Division II [1-2]	Brooklyn, N. Y.	H. Lyons	Incl. in Int. Med.		1	2	165
Veterans Admin. Hospital [1-2]	Brooklyn, N. Y.	H. L. Katz	451	40	1	1	...
Edward J. Meyer Memorial Hospital [1-2]	Buffalo	D. R. McKay	510	15	..	1	221
Elmhurst General Hospital [1-2]	Elmhurst, N. Y.	S. Bassin	177	3	1	1	165
Nassau County Tuberculosis Hospital [1-2]	Farmingdale, N. Y.	J. G. Carlton	498	15	5	5	...
Triboro Hospital [1-2]	Jamaica, N. Y.	H. H. Epstein	1,308	11	12	12	157
Ulster County Tuberculosis Hospital [1-2]	Kingston, N. Y.	H. F. Schwartz	131	3	..	1	372
Niagara Sanatorium [1-2]	Lockport, N. Y.	L. C. Evander	301	17	1	2	343
Mount Morris Tuberculosis Hospital [1-2]	Mount Morris, N. Y.	F. L. Armstrong	357	9	2	2	287
Bellevue Hospital Center—							
Div. I—Columbia University [1-2]	New York City	J. H. McClement	1,781	53	18	28	157
Bronx Municipal Hospital Center [1-2]	New York City		713	21	10	10	125
Montefiore Hospital [1-2]	New York City	R. Bloch	433	22	..	5	187
Morrisania City Hospital [1-2]	New York City	P. Hurwitz	Incl. in Int. Med.		1	1	165
New York University—Metropolitan Medical Center Metropolitan Hospital [1-2]	New York City	I. G. Epstein	784	19	7	7	165

Numerical and other references will be found on pages 640 through 642.

195
V. 1

24. PULMONARY DISEASE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
St. Joseph's Hospital for Chest Diseases [1-2]	New York City	F. J. McCarthy	580	30	4	4	300
Veterans Admin. Hospital (Bronx) [1-2]	New York City	D. Stone	1,115	30	1	3	...
Homer Folks Tuberculosis Hospital [1-2]	Oneonta, N. Y.	R. Horton	500	10	1	3	267
J. N. Adam Memorial Hospital	Perrysburg, N. Y.	R. Nasen	182	12	1	2	254
Ray Brook State Tuberculosis Hospital [1-2]	Ray Brook, N. Y.	F. Beck	662	17	2	3	267
Iola-Monroe County Tuberculosis Sanatorium [1-2]	Rochester, N. Y.	W. G. Swalbach	487	18	1	3	435.50
Glenridge Sanatorium [1-2]	Schenectady, N. Y.	J. M. Blake	302	9	1	2	250
Sea View Hospital [1-2]	Staten Island, N. Y.	E. H. Robitzek	3,000	67	17	17	157
Veterans Admin. Hospital [1-2]	Sunmount, N. Y.	J. W. Raleigh	1,000	14	1	1	...
Onondaga Sanatorium [1-2]	Syracuse, N. Y.	B. T. Brown	522	12	1	1	267
Veterans Admin. Hospital [1-2]	Syracuse, N. Y.	A. D. Rennetti, Jr.	148	37	..	1	...
Grasslands Hospital [1-2]	Valhalla, N. Y.	W. G. Childress	484	17	2	7	225
Duke Hospital [1-2]	Durham, N. C.	E. E. Menefee	294	3	..	..	300
Veterans Admin. Hospital [1]	Oteen, N. C.	W. S. Schwartz	1,846	50	..	6	...
Veterans Admin. Hospital [2]	Brecksville, Ohio	R. A. Hemphill	620	15	1	1	...
Cuyahoga County Hospital [1-2]	Cleveland	R. C. McKay	800	32	5	5	192
Sunny Acres-Cuyahoga County Tuberculosis Hospital [1-2]	Cleveland	H. G. Curtis	900	27	2	2	288
Ohio State University Hospitals			300	12	2	8	300
Ohio Tuberculosis Hospital [1-2]	Columbus, Ohio	R. J. Atwell	....	..	..	..	...
University Hospital [1-2]	Columbus, Ohio	R. H. Browning	....	..	..	..	300
Eagleville Sanatorium [1-2]	Eagleville, Pa.	J. J. Kirshner	377	5	3	3	...
Charles H. Miner State Hospital [1-2]	Hamburg, Pa.		973	..	2	2	416
Graduate Hospital of the University of Pennsylvania [1-2]	Philadelphia	H. Israel	91	4	1	1	300
Hospital of the University of Pennsylvania [1-2]	Philadelphia	R. Mayock	Incl. in Int. Med.		2	3	...
Philadelphia General Hospital [1-2]	Philadelphia	W. Weiss	727	49	1	2	302
Philadelphia General Hospital—Northern Division [1-2]	Philadelphia	R. V. Cohen	811	19	2	2	254
Samuel G. Dixon State Hospital [1]	South Mountain, Pa.	W. A. Gette	1,552	13	2	2	468
Oakville Memorial Sanatorium [1-2]	Memphis, Tenn.	S. C. Carter	300	15	1	2	300
Veterans Admin. Hospital [1-2]	Memphis, Tenn.	S. Phillips	835	18	1	1	...
West Tennessee Tuberculosis Hospital [1-2]	Memphis, Tenn.	E. F. Bowerman	957	22	2	3	345
Veterans Admin. Hospital [1-2]	Nashville, Tenn.	R. A. Goodwin, Jr.	304	10	1	2	...
Parkland Memorial Hospital [1-2]	Dallas, Texas	J. O. Armstrong	412	4	2	2	150
Baylor University College of Medicine Affiliated Hospitals							
Veterans Admin. Hospital [1-2]	Houston, Texas	I. Chotnas	1,726	48	1	1	...
Veterans Admin. Hospital [1-2]	McKinney, Texas	D. O. Shields	691	11	1	2	...
Blue Ridge Sanatorium	Charlottesville, Va.	C. G. Pearson	838	17	1	1	375
Veterans Admin. Hospital [1-2]	Richmond, Va.	W. T. Thompson, Jr.	1,450	23	..	2	...
Firland Sanatorium [1-2]	Seattle	T. F. Sheehy, Jr.	1,563	55	..	3	300
Veterans Admin. Hospital [1]	Madison, Wis.	J. K. Curtis	1,551	61	..	..	...
Muirdale Sanatorium	Milwaukee	A. V. Cadden	2,130	10	..	3	356
Veterans Admin. Hospital [1-2]	Milwaukee (Wood), Wis.	M. W. Garry-F. B. Landis	1,247	40	1	1	...
Leahi Hospital [1-2]	Honolulu, T. H.	H. H. Walker	847	16	2	2	250

25. RADIOLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Radiology through the Residency Review Committee for Radiology. These programs are approved for THREE years of training in all phases of Radiology. All programs listed offer three years of training intramurally, or on an integrated basis, or through affiliation with another approved institution. Hospitals listed with the following symbol (2) are approved and offer training of three years intramurally, in addition to participating in an integrated residency program.

Hospitals, 371; Assistant Residencies and Residencies, 1,231

Name of Hospital	Location	Chief of Service	Number of X-Ray Examinations	Number of Radium Treatments	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Months)
UNITED STATES AIR FORCE									
U. S. Air Force Hospital	San Antonio, Texas	J. M. Keegan	110,112	10	871	184	2	6	...
UNITED STATES ARMY									
Letterman Army Hospital [1-2]	San Francisco	D. Dullum	43,397	48	4,135	48	2	6	...
Fitzsimons Army Hospital [1-2]	Denver	P. A. Paden	64,143	18	3,256	380	2	6	...
Army Medical Center [1-2]	Washington, D. C.	J. A. Isherwood	67,124	282	9,722	419	3	9	...
Brooke Army Hospital [1-2-152]	San Antonio, Texas	A. S. Bauer	66,756	41	5,686	72	3	9	...
Tripler Army Hospital [1-2]	Honolulu, T. H.	H. C. Harrell	57,440	27	1,178	339	1	3	...
UNITED STATES NAVY									
U. S. Naval Hospital [1-2]	Oakland, Calif.	L. H. Barber	34,452	13	1,878	200	3	5	...
U. S. Naval Hospital [1]	San Diego, Calif.	J. W. Koett	84,023	41	6,450	105	4	7	...
U. S. Naval Hospital [1-2]	Bethesda, Md.	S. F. Williams	40,504	5	3,042	200	2	4	...
U. S. Naval Hospital [1-2-152]	Chelsea, Mass.	C. E. Bentel	30,232	10	750	208	1	1	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	C. Gartenlaub	57,022	2	3,220	42	2	5	...
U. S. Naval Hospital [1-2]	Philadelphia	N. L. Yood	94,501	15	1,827	70	3	7	...
UNITED STATES PUBLIC HEALTH SERVICE									
U. S. Public Health Service Hospital [1-2]	New Orleans	D. Mackillop	27,924	...	.....	...	1	2	...
U. S. Public Health Service Hospital [1-2]	Baltimore	C. R. Walker	14,549	98	2,886	574	1	4	...
National Institutes of Health—Clinical Center [1-2]	Bethesda, Md.	T. Hilbish-J. R. Andrews	29,840	14	2,481	....	1	2	...
U. S. Public Health Service Hospital [1-2-292]	Stapleton, S. I., N.Y.	G. A. Shipman	26,790	...	2,163	478	2	8	...

Numerical and other references will be found on pages 840 through 842.

25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of X-Ray Examinations	Number of Radium Treatments	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE									
Freedmen's Hospital [1-3]	Washington, D. C.	T. W. Davis	46,754	32	3,883	629	1	3	300
NONFEDERAL AND VETERANS ADMINISTRATION									
Birmingham Baptist Hospitals [1-3]	Birmingham, Ala.	J. W. Underwood	13,150	98	5,709	187	1	3	200
University of Alabama Medical Center									
University Hospital and Hillman Clinic [1-3]	Birmingham, Ala.	J. G. Wood	39,140	126	9,946	611	3	12	168
Veterans Admin. Hospital [1-3]	Birmingham, Ala.	B. Lieberman	30,074	67	1,936	21	..	2	....
University Hospital [1-3]	Little Rock, Ark.	D. M. Gould	31,735	45	3,794	294	4	12	155
Kern County General Hospital [1]	Bakersfield, Calif.	W. Leask	25,819	41	1,520	236	1	3	325
San Joaquin General Hospital [1]	French Camp, Calif.	A. Cove	50,303	20	2,021	....	1	1	300
Seaside Memorial Hospital [1-3]	Long Beach, Calif.	M. J. Prichard	19,593	82	7,884	679	1	4	185
Veterans Admin. Hospital [1-3]	Long Beach, Calif.	B. H. Feder	50,916	....	4,669	737	2	6	....
Cedars of Lebanon Hospital [1-3]	Los Angeles	D. Zion-H. Jaffe	25,561	23	4,699	....	2	6	305
Hospital of the Good Samaritan [1-3]	Los Angeles	J. D. Camp	33,935	17	4,851	131	2	2	225
Los Angeles County Hospital [1]	Los Angeles	G. Jacobson	110,581	332	10,940	913	4	13	246
Queen of Angels Hospital [1-3]	Los Angeles	L. Goin	16,434	41	1,924	74	1	1	300
University of California Hospital [1-3]	Los Angeles	A. H. Dowdy	31,745	67	10,600	1,122	3	10	279
Veterans Admin. Hospital [1-3-57]	Los Angeles	J. G. Davis	100,336	11	9,137	1,486	3	8	....
White Memorial Hospital [1-3]	Los Angeles	W. L. Stilson	14,345	86	3,553	324	2	5	215
Highland-Alameda County Hospital [1-3]	Oakland, Calif.	H. H. Jensen	30,500	48	2,230	....	1	3	300
Sutter Community Hospitals	Sacramento, Calif.	H. J. Rigdon	17,076	60	13,361	2,846	1	3	345
San Diego County General Hospital [1-3]	San Diego, Calif.	E. L. Whitehead	18,783	20	1,581	146	1	3	250
Children's Hospital [1-3]	San Francisco	G. G. King	11,023	29	1,888	19	1	2	175
Mount Zion Hospital [1-3]	San Francisco	J. Levitin	15,563	23	1,566	....	1	2	150
St. Francis Memorial Hospital [1-3]	San Francisco	C. R. Fiebler	30,097	26	3,676	1,198	1	1	300
St. Mary's Hospital [1-3]	San Francisco	C. Capp	21,258	24	2,101	159	1	3	200
San Francisco Hospital	San Francisco	L. H. Garland- A. J. Williams	19,500	12	1,134	....	2	5	205
Stanford University Hospitals [1-3]	San Francisco	H. S. Kaplan	17,421	28	6,828	1,008	2	5	100
Veterans Admin. Hospital [1-3]	San Francisco	H. S. Kaplan- R. S. Stone	21,218	10	1,923	79	..	2	....
University of California Hospitals [3-78]	San Francisco	R S. Stone	57,079	80	11,375	518	5	16	231
Santa Clara County Hospital [1-3]	San Jose, Calif.	J. J. McCort	11,093	....	1,180	85	1	3	300
Hartford General Hospital [1]	Torrance, Calif.	J. H. Woodruff	34,698	97	2,261	389	3	9	246
Glockner-Penrose Hospital [1-3]	Colorado Springs, Colo.	J. C. McMullen- J. A. Del Regato	18,206	7	11,577	2,461	4	7	200
General Rose Memorial Hospital [1-3]	Denver	J. H. Weiss- M. H. Levine	15,658	26	2,465	50	1	3	265
Presbyterian Hospital [1-3]	Denver	K. D. A. Allen	10,048	53	6,984	133	1	3	275
St. Joseph's Hospital [1-3]	Denver	E. J. Meister	14,400	355	1,441	....	1	3	300
St. Luke's Hospital [1]	Denver	W. P. Stampfli	12,336	15	2,439	....	1	3	225
University of Colorado Medical Center									
Colorado General Hospital [1-3]	Denver	R. R. Lanier	28,166	46	1,856	547	4	13	180
Denver General Hospital [1-3]	Denver	E. Salzman	36,220	25	1,201	75	..	..	179
Veterans Admin. Hospital [1-3-59]	Denver	A. L. Daywitt	37,222	53	4,102	610	3	6	....
Bridgeport Hospital [1-3]	Bridgeport, Conn.	J. J. Esposito	17,736	73	2,461	....	1	3	300
St. Vincent's Hospital [1-3]	Bridgeport, Conn.	R. Russo	28,270	96	1,194	76	1	3	300
Hartford Hospital [1-3-103]	Hartford, Conn.	R. T. Ogden	41,446	68	15,196	....	2	5	125
Grace-New Haven Community Hospital [1-3]	New Haven, Conn.	M. Kligerman	51,792	218	6,867	....	3	9	140
Hospital of St. Raphael	New Haven, Conn.	R. Shapiro	21,171	32	7,158	....	2	6	150
St. Mary's Hospital [1-3]	Waterbury, Conn.	K. R. Kaes	19,343	24	2,121	65	1	3	225
Waterbury Hospital [1]	Waterbury, Conn.	J. M. James	21,236	34	1,403	133	1	3	225
Veterans Admin. Hospital [1-3-100]	West Haven, Conn.	A. B. Skorneck	21,092	5	2,560	33	1	3	....
Delaware Hospital [1-3]	Wilmington, Del.	W. W. Lattomus	25,853	239	3,841	287	1	3	220
Doctors Hospital [1-3]	Washington, D. C.	F. O. Coe	19,045	63	6,247	840	2	2	250
Georgetown University Hospital [1-3-114]	Washington, D. C.	W. E. Baensch	23,708	19	4,983	222	3	8	210
George Washington University Hospital [1-3]	Washington, D. C.	W. Stanbro	25,813	8	7,042	41	2	6	150
Veterans Admin. Hospital [1-3]	Martinsburg, W. Va.	H. Litwer	18,383	2	873	38	1	1	....
Veterans Admin. Hospital [1-3-117]	Washington, D. C.	S. R. Bersack	15,259	4	1,297	26	1	3	....
Washington Hospital Center [1-3]	Washington, D. C.	R. M. Caulk	41,834	35	8,085	536	2	6	215
Jackson Memorial Hospital [1-3]	Miami, Fla.	R. E. Parks	77,919	96	6,386	175	2	6	75
Crawford W. Long Memorial Hospital [1-3]	Atlanta, Ga.	R. A. Elmer	19,186	70	3,334	68	1	3	285
Grady Memorial Hospital [1]	Atlanta, Ga.	H. S. Weens	48,079	63	8,399	209	2	6	140
Piedmont Hospital [1-3]	Atlanta, Ga.	E. G. Smith, Jr.	11,173	22	723	10	1	1	200
Veterans Admin. Hospital [1-3-122]	Atlanta, Ga.	S. Krantz	15,819	3	3,854	462	1	3	....
Eugene Talmadge Memorial Hospital [1-3]	Augusta, Ga.	R. Wigh	9,271	10	1,303	63	4	10	250
University Hospital [1]	Augusta, Ga.	S. W. Brown	30,613	20	1,644	19	..	1	200
Veterans Admin. Hospital [1-3]	Augusta, Ga.	S. M. Roberts	21,261	1	3,646	69	..	1	....
Emory University Hospital [1-3]	Emory University, Ga.	H. S. Weens	22,105	72	7,860	....	1	3	235
Augustana Hospital [1-3]	Chicago	D. S. Bellin	16,440	....	1,690	....	2	2	150
Columbus Hospital [2]	Chicago	F. Lake	18,190	28	....	....	1	3	....
Cook County Hospital	Chicago	I. P. Hummon	117,275	142	23,298	1,622	2	17	200
Illinois Masonic Hospital [1-3]	Chicago	J. H. Gilmore	25,463	13	2,903	80	2	2	115
Mercy Hospital [1-3]	Chicago	W. Furey	21,954	92	8,260	190	1	3	200
Michael Reese Hospital [1-3]	Chicago	B. Levin-E. Uhlmann	38,140	1,759	11,344	87	4	9	125
Mount Sinai Hospital [1-3]	Chicago	J. Nadelhaft-E. Japha	33,007	34	13,079	623	2	6	225
Northwestern University Medical Center									
‡Chicago Wesley Memorial Hospital [1-3]	Chicago	A. H. Cannon-W. T. Moss	44,697	....	3,013	80	2	4	125
Children's Memorial Hospital	Chicago		....	....	....	....	..	..	....
‡Passavant Memorial Hospital [1-3]	Chicago	R. B. Lewis	16,581	....	1,906	....	1	3	125
‡Veterans Admin. Research Hospital [1-3]	Chicago	E. G. Warnick- W. T. Moss	45,000	44	4,650	136	3	9	....
‡Evanston Hospital [1-3]	Evanston, Ill.	H. C. Burkhead- A. Hamann	31,127	46	10,691	694	1	3	225
Presbyterian-St. Luke's Hospital									
Presbyterian Hospital Division [1-3]	Chicago	F. H. Squire	47,053	47	3,054	709	2	6	125
St. Luke's Hospital Division [1-3]	Chicago	E. L. Jenkinson	34,469	10	4,117	25	2	6	125

Numerical and other references will be found on pages 640 through 642.

195
V. 1

25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of X-Ray Examinations	Number of Radium Treatments	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Provident Hospital [1-3]	Chicago	W. P. Quinn	8,748	87	1,420	355	1	3	200
University of Chicago Clinics [1-3]	Chicago	P. C. Hodges	41,071	59	12,500	677	4	12	200
University of Illinois Research and Educational Hospitals [1-3]	Chicago	R. A. Harvey	54,684	66	8,058	1,243	3	9	140
Veterans Admin. West Side Hospital [1-3]	Chicago	S. A. Leader	17,876	...	.....	...	2	6	...
St. Francis Hospital [1]	Evanston, Ill.	A. C. Ledoux	36,052	16	1,986	498	1	2	210
Little Company of Mary Hospital [1-3]	Evergreen Park, Ill.	W. Furey	35,679	73	2,851	141	1	3	175
Veterans Admin. Hospital [1-3]	Hines, Ill.	F. L. Hussey	69,052	1,174	12,314	565	5	12	...
St. Francis Hospital	Peoria, Ill.	P. R. Dirkse	25,319	12	4,029	385	1	3	225
Rockford Memorial Hospital [1-3]	Rockford, Ill.	B. Roseberg	18,027	21	1,221	...	1	3	...
Carle Memorial Hospital [1-3-186]	Urbana, Ill.	C. Gianturco	23,294	48	2,535	294	1	3	250
Indiana University Medical Center Affiliated Hospitals									
‡Indianapolis General Hospital [1-3]	Indianapolis	W. A. Tosick	46,742	58	3,463	120	1	3	205
‡Indiana University Medical Center Hospital [1]	Indianapolis	J. A. Campbell	24,972	187	7,051	240	5	13	165
‡Veterans Admin. Hospital [1-3]	Indianapolis	P. C. Harding	23,462	12	1,700	319	..	..	...
Methodist Hospital [1]	Indianapolis	H. C. Ochsner	50,456	75	2,980	2,801	1	3	278
Iowa Methodist Hospital [1-3]	Des Moines, Iowa	A. B. Phillips	17,267	19	1,268	220	1	2	200
Veterans Admin. Hospital [1-3-143]	Des Moines, Iowa	P. J. Trier	30,194	6	1,514	136	1	3	...
State University of Iowa Hospitals [1-3]	Iowa City	E. F. Van Epps	62,008	107	17,133	...	3	9	175
Veterans Admin. Hospital [1-3]	Iowa City	J. G. Baron	21,794	6	5,806	98	2	4	...
University of Kansas Medical Center [1-3]	Kansas City, Kan.	G. Tice	31,350	75	6,147	519	..	4	125
Veterans Admin. Hospital [1-3]	Kansas City, Mo.	M. F. Westfall	34,496	5	2,108	81	..	..	...
St. Francis Hospital [1-3]	Wichita, Kan.	J. R. Kline	20,850	75	797	170	1	3	275
St. Joseph Infirmary [1-3]	Louisville, Ky.	J. Love-S. Johnson	30,671	136	7,856	...	1	4	210
University of Louisville Medical Center									
Louisville General Hospital [1-3]	Louisville, Ky.	E. L. Pirkey	44,482	36	3,471	50	3	9	83
Veterans Admin. Hospital [1-3]	Louisville, Ky.	J. F. Shaw	44,775	4	1,121	161	2	4	...
Charity Hospital of Louisiana [1]	New Orleans	A. Mayoral-M. Garcia	174,775	383	45,732	2,624	5	14	100
Hotel Dieu-Sister's Hospital	New Orleans	H. M. Dube	18,915	33	2,201	313	1	3	225
Ochsner Foundation Hospital [1-3]	New Orleans	E. H. Little	57,150	112	4,234	109	2	6	225
Southern Baptist Hospital [1]	New Orleans	L. J. Bristow, Jr.	29,085	11	5,526	734	1	3	225
Touro Infirmary [1]	New Orleans	A. Payzant	35,009	28	2,308	...	1	3	125
Veterans Admin. Hospital [1-3-159]	New Orleans	C. P. Oderr	24,931	6	6,839	203	1	3	...
Confederate Memorial Medical Center [1]	Shreveport, La.	P. Riley	38,775	84	10,788	605	2	6	125
Eastern Maine General Hospital [1-3]	Bangor, Maine	H. A. Smith	22,188	23	1,784	318	1	2	125
Central Maine General Hospital [1]	Lewiston, Maine	C. F. Miller	11,370	11	1,067	82	..	1	225
Maine Medical Center [1]	Portland, Maine	J. F. Gibbons	26,632	69	3,047	146	1	2	125
Baltimore City Hospitals [1-3]	Baltimore	J. De Carlo	27,600	6	737	110	2	4	75
Johns Hopkins Hospital [1-3]	Baltimore	R. H. Morgan	65,707	197	11,449	...	4	16	160
Sinai Hospital [1-3]	Baltimore	J. O. Salik	22,250	22	685	...	2	4	110
University Hospital [1]	Baltimore	J. M. Dennis	49,235	179	7,150	386	2	7	75
Washington County Hospital [1]	Hagerstown, Md.	S. H. Macht	27,403	13	1,788	246	1	1	250
Beth Israel Hospital [1-3]	Boston	F. Fleischner	22,882	13	1,389	27	2	5	167
Boston City Hospital [1-3]	Boston	M. Ritvo	119,451	89	7,044	572	..	13	152
Lahey Clinic [1-3]	Boston	M. I. Smedal	60,356	10	8,570	1,484	5	5	200
Massachusetts General Hospital [1-3]	Boston	L. L. Robbins	77,953	194	11,411	3,534	4	12	67
Massachusetts Memorial Hospitals [1-3-172]	Boston	G. Levene	13,323	1	1,274	63	2	4	175
New England Center Hospital [1-3]	Boston	A. Ettinger	27,027	1	2,082	42	1	3	100
New England Deaconess Hospital [1-3]	Boston	J. H. Marks	22,405	40	5,091	70	1	4	200
Peter Bent Brigham Hospital [1-3-176]	Boston	J. B. Dealy, Jr.	27,757	19	1,790	47	4	12	42
Children's Medical Center	Boston	E. B. D. Neuhauser	23,000	...	2,419	...	..	5	...
Veterans Admin. Hospital [1-3]	Boston (Jamaica Plain)	E. Wissing	38,955	...	2,981	125	2	6	...
Cambridge City Hospital [1-3]	Cambridge, Mass.	F. A. Herzan	16,040	10	643	...	1	2	160
Mount Auburn-Faulkner-Shattuck Associated Hospitals		R. Schatzki	......	...	.....	...	1	3	200
Mount Auburn Hospital [1-3]	Cambridge, Mass.	R. Schatzki	19,076	6	2,015	89	..	..	...
Faulkner Hospital [1-3]	Boston	L. E. Hawes	10,323	...	939	55	..	..	...
Lemuel Shattuck Hospital [1-3]	Boston	E. P. Strasser	7,239	16	4,500	53	..	..	...
St. Joseph Mercy Hospital [1-3]	Ann Arbor, Mich.	S. W. Donaldson	30,788	29	3,000	267	1	3	310
University Hospital [1-3-191]	Ann Arbor, Mich.	F. J. Hodges	58,258	157	13,784	502	6	18	160
Leila Y. Post Montgomery Hospital [1-3]	Battle Creek, Mich.	S. Barden	12,882	41	2,203	...	1	1	275
Grace Hospital [1-3]	Detroit	C. K. Hasley	40,043	33	5,061	1,128	2	6	275
Harper Hospital [1-3]	Detroit	L. Reynolds	27,246	230	17,658	178	3	9	275
Henry Ford Hospital [1-3]	Detroit	W. R. Eyler	84,384	160	10,604	220	4	12	250
Mount Carmel Mercy Hospital [1-3]	Detroit	J. M. Grace	50,480	30	3,465	138	2	4	275
Providence Hospital [1-3]	Detroit	W. A. Irwin	33,376	194	6,041	178	1	3	275
Sinai Hospital [1-3]	Detroit	H. Feigelson	15,741	10	2,900	15	1	2	275
Wayne State University Affiliated Hospitals									
Veterans Admin. Hospital [1-3-194]	Dearborn, Mich.	E. E. Levine	27,878	14	2,659	109	2	6	...
Detroit Memorial Hospital [1-3-198]	Detroit	J. E. Lofstrom	26,507	24	7,987	141	1	3	425
Herman Kiefer Hospital [1-3]	Detroit	H. E. Campbell	202,350	...	.....	...	2	2	554
Receiving Hospital [1-3-202]	Detroit	J. E. Lofstrom	94,861	82	6,451	453	6	18	303
Wayne County General Hospital and Infirmary [1-3]	Eloise, Mich.	J. Zbikowski	50,580	4	1,377	10	3	3	386
Hurley Hospital [1-3]	Flint, Mich.	D. R. Limbach	33,781	38	3,721	212	2	6	325
St. Joseph Hospital	Flint, Mich.	......	......	...	.....	...	..	..	...
Blodgett Memorial Hospital [1-3]	Grand Rapids, Mich.	H. C. Jones	18,200	26	4,171	34	1	3	300
Butterworth Hospital [1-3]	Grand Rapids, Mich.	E. C. Wahby	24,800	43	.....	566	1	3	300
St. Joseph Mercy Hospital [1-3]	Pontiac, Mich.	J. Morton	27,836	42	2,855	...	1	3	325
Swedish Hospital [1-3]	Minneapolis	L. G. Idstrom	34,448	31	3,049	...	1	2	200
University of Minnesota Hospitals [1-3-212]	Minneapolis	H. O. Peterson	61,617	223	13,507	989	6	10	200
Veterans Admin. Hospital [1-3-215]	Minneapolis	J. Jorgens	53,155	34	3,044	99	5	12	...
Mayo Foundation	Rochester, Minn.	H. M. Weber	262,628	1,225	30,477	1,872	8	26	175
Charles T. Miller Hospital [1-3]	St. Paul, Minn.	......	17,813	56,945	5,779	...	1	3	250
University Hospital [1]	Jackson, Miss.	R. Sloan	25,060	37	3,726	25	2	6	250
University of Missouri Medical Center [1-3]	Columbia, Mo.	G. S. Lodwick	10,227	11	1,862	60	2	6	200
Menorah Medical Center [1-3-220]	Kansas City, Mo.	D. S. Dann	14,238	21	792	132	1	3	300
Research and Affiliated Hospitals									
Veterans Admin. Hospital [1-3]	Wadsworth, Kan.	O. H. True	25,873	17	1,362	235	..	..	...
Children's Mercy Hospital	Kansas City, Mo.	......	......	...	.....	...	..	..	...
Kansas City General Hospital No. 2 [1-3]	Kansas City, Mo.	A. B. Smith	17,179	10	353	12	1	3	200
Research Hospital [1-3]	Kansas City, Mo.	A. B. Smith	18,313	63	1,920	5	4	12	250
Veterans Admin. Hospital [1-3]	Kansas City, Mo.	M. F. Westfall	34,496	5	2,108	81	..	..	...

Numerical and other references will be found on pages 640 through 642.

25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of X-Ray Examinations	Number of Radium Treatments	Number of Deep X-Ray Treatments	Number of X-Ray Treatments	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
St. Joseph Hospital [1-2]	Kansas City, Mo.	C. E. Virden	22,408	119	2,504	82	1	4	...
St. Luke's Hospital [1-2]	Kansas City, Mo.	L. A. Scarpellino	14,851	21	2,326	98	1	3	250
Barnes Hospital [1-2]	St. Louis	H. Wilson	50,164	347	11,011	...	5	15	180
De Paul Hospital [1-2]	St. Louis	E. C. Ernst	14,119	44	1,488	168	1	1	200
Homer G. Phillips Hospital [1-2]	St. Louis	W. E. Allen, Jr.	33,576	96	1,295	27	2	5	201
Jewish Hospital [1-2]	St. Louis	H. R. Kenturia	30,975	47	4,975	407	1	3	180
St. Louis City Hospital [1-2-27]	St. Louis	D. C. Weir	44,849	44	3,454	99	2	7	226
St. Mary's Group of Hospitals [1-2]	St. Louis	L. Sante	34,240	48	3,489	174	1	3	160
Veterans Admin. Hospital [1-2]	St. Louis	S. Kamberg	30,333	22	6,125	81	2	6	...
Creighton Memorial St. Joseph's Hospital	Omaha, Neb.	J. F. Kelly	20,000	36	2,863	77	1	3	200
Nebraska Methodist Hospital [1-2]	Omaha, Neb.	H. B. Hunt	11,929	95	4,656	780	1	3	200
University of Nebraska Hospital [1-2]	Omaha, Neb.	H. B. Hunt	11,493	71	1,811	120	1	4	200
Veterans Admin. Hospital [1-2-224]	Omaha, Neb.	H. B. Saichek	23,128	...	1,686	41	1	3	...
Mary Hitchcock Memorial Hospital [1-2]	Hanover, N. H.	L. K. Sycamore	32,164	101	3,233	749	2	6	210
Our Lady of Lourdes Hospital [1-2]	Camden, N. J.	R. P. Widmann	23,243	32	1,488	132	1	1	200
Veterans Admin. Hospital [1-2-228]	East Orange, N. J.	J. R. Nahon	23,538	1	2,779	102	1	3	...
Hackensack Hospital [1-2]	Hackensack, N. J.	E. J. Ryan	14,536	25	2,707	215	1	3	150
Jersey City Medical Center	Jersey City, N. J.	H. J. Perlberg	...	...	...	...	4	6	167
Newark Beth Israel Hospital [1-2]	Newark, N. J.	N. J. Furst-L. J. Levinson	15,000	37	3,686	135	1	4	200
Albany Hospital [1-2]	Albany, N. Y.	J. F. Roach	32,389	52	8,824	...	2	6	180
Veterans Admin. Hospital [1-2]	Albany, N. Y.	H. Thomas	32,404	1	2,220	28	1	2	...
Beth El Hospital [1-2-275]	Brooklyn, N. Y.	M. Dannenberg	17,191	77	1,834	...	1	3	150
Brooklyn Hospital [1-2]	Brooklyn, N. Y.	J. P. Lasapros	22,746	77	2,715	155	1	3	175
Cumberland Hospital [1-2-282]	Brooklyn, N. Y.	E. Mendelson	23,419	13	659	60	1	2	165
Jewish Hospital [1-2]	Brooklyn, N. Y.	S. Schwartz	31,000	5,638	5,500	...	2	5	180
Kings County Hospital Center	Brooklyn, N. Y.	H. Z. Mellins	151,068	200	20,075	250	4	12	165
Long Island College Hospital [1-2]	Brooklyn, N. Y.	H. F. Pinck	23,087	30	2,989	50	1	4	150
Maimonides Hospital [1-2]	Brooklyn, N. Y.	E. J. Levin	32,805	14	1,823	53	1	3	75
Methodist Hospital [1-2]	Brooklyn, N. Y.	N. F. Bartone	21,067	18	61	1,496	1	3	175
Veterans Admin. Hospital [1-2-242]	Brooklyn, N. Y.	W. Schlein	28,643	8	4,242	231	2	3	...
Buffalo General Hospital [1-2]	Buffalo	G. F. Culver	29,373	55	3,456	439	2	4	175
Deaconess Hospital [1-2]	Buffalo	R. Seibel	15,845	10	2,283	105	...	...	200
Edward J. Meyer Memorial Hospital [1-2]	Buffalo	E. G. Eschner	71,707	18	3,306	541	2	6	247
Millard Fillmore Hospital [1-2]	Buffalo	E. H. Schnap	28,948	...	992	99	1	3	205
Roswell Park Memorial Institute [1-2]	Buffalo	W. Murphy-F. Lessman	32,550	675	55,206	2,880	9	15	218
Veterans Admin. Hospital [1-2]	Buffalo	K. Flache	29,952	...	2,940	116	1	2	...
Elmhurst General Hospital [1-2]	Elmhurst, N. Y.	P. Strax	24,747	...	533	59	2	4	165
Flushing Hospital and Dispensary [1-2-253]	Flushing, N. Y.	M. Pomeranz	15,592	13	411	3	1	3	175
Meadowbrook Hospital [1-2]	Hempstead, N. Y.	H. R. Zatzkin	35,118	36	8,644	509	1	3	225
Queens Hospital Center [1-2]	Jamaica, N. Y.	A. V. Shapiro- L. B. Goldman	64,777	63	5,169	1,041	2	6	165
Charles S. Wilson Memorial Hospital [1-2]	Johnson City, N. Y.	B. D. Jay	21,682	5	1,413	272	1	3	225
Long Island Jewish Hospital [1-2-254]	New Hyde Park, N. Y.	B. S. Epstein	18,006	4	1,644	51	1	3	160
Bellevue Hospital Center Div. III—New York University College of Medicine	New York City	M. Poppel	256,586	2,132	6,221	375	3	12	71
Beth Israel Hospital [1-2-255]	New York City	A. Geffen	18,384	16	3,916	210	1	4	155
Bronx Hospital [1-2]	New York City	A. J. Bernstein-J. R. Freid	23,190	10	3,109	132	1	3	160
Bronx Municipal Hospital Center [1-2]	New York City	P. Elkin	52,357	56	5,706	73	4	12	125
Francis Delafield Hospital [1-2]	New York City	W. Seaman	11,440	26	17,008	663	2	9	205
Hospital for Joint Diseases [1-2]	New York City	M. M. Pomeranz	26,004	18	7,332	126	1	2	80
Lenox Hill Hospital [1-2]	New York City	F. H. Ghiselin	23,977	20	3,209	50	1	3	240
Lincoln Hospital [1-2-256]	New York City	R. Feig	38,695	6	205	5	1	2	165
Memorial Center for Cancer and Allied Diseases [1-2]	New York City	R. S. Sherman- J. J. Nickson	66,583	472	.....	43,140	5	20	150
Morristown Memorial Hospital [1-2]	Morristown, N. J.	F. Reed, Jr.	15,400	9	1,855	259	1	1	250
James Ewing Hospital	New York City	.....	.....	.....	.....	...	..	..	...
Memorial Hospital	New York City	.....	.....	.....	.....	...	..	..	...
Montefiore Hospital [1-2]	New York City	H. Jacobson- C. Botstein	55,234	75	24,300	2,522	3	10	187
Morrisania City Hospital [1-2]	New York City	J. Fierstein- P. W. Cohen	23,748	34	1,989	298	2	2	165
Mount Sinai Hospital [1-2]	New York City	B. S. Wolf	45,209	60	6,404	...	3	7	175
New York Hospital [1-2]	New York City	J. A. Evans	91,421	107	8,980	1,042	6	20	164
New York Medical College—Metropolitan Medical Center ‡Flower and Fifth Avenue Hospitals [1-2]	New York City	F. J. Borrelli	36,120	49	1,077	168	1	4	...
‡Metropolitan Hospital [1-2]	New York City	F. J. Borrelli	68,961	23	5,431	546	2	4	165
New York Polyclinic Medical School and Hospital [1]	New York City	W. H. Shehadi	11,874	36	1,318	927	1	3	125
New York University—Bellevue Medical Center University Hospital [258]	New York City	M. Poppel	18,188	49	1,455	1,918	2	5	165
Presbyterian Hospital [1]	New York City	W. B. Seaman	122,942	97	19,928	2,761	4	12	250
Roosevelt Hospital [1]	New York City	A. A. Dunn	49,488	3,702	2,719	157	2	6	133
St. Luke's Hospital [1-2]	New York City	H. F. Hempel	41,147	9	5,631	....	2	6	160
St. Vincent's Hospital [1-2]	New York City	F. F. Ruzicka, Jr.	40,093	21	3,926	144	3	7	125
Veterans Admin. Hospital (Bronx) [1-2]	New York City	J. Stein-B. Roswit	62,538	145	11,451	897	3	10	...
Veterans Admin. Hospital (Manhattan) [1-2]	New York City	L. B. Lawrence	41,675	157	2,461	108	3	6	...
Genesee Hospital [1-2]	Rochester, N. Y.	G. J. Baron	21,520	29	2,309	289	1	1	175
Rochester General Hospital [1-2-259]	Rochester, N. Y.	E. F. Merrill	37,088	72	5,097	992	1	3	125
St. Mary's Hospital [1-2]	Rochester, N. Y.	H. Forsyth	20,117	370	661	31	1	2	220
Strong Memorial-Rochester Municipal Hospital [1-2]	Rochester, N. Y.	G. H. Ramsey	32,860	35	372	32	3	10	117
State University of New York Upstate Medical Center [1-2]	Syracuse, N. Y.	C. Hale	45,826	70	5,680	180	2	6	233
Veterans Admin. Hospital [1-2]	Syracuse, N. Y.	E. R. Heitzman	18,143	1	963	12	1	3	...
Grasslands Hospital [1-2]	Valhalla, N. Y.	A. G. Debble	.....	...	.....	...	1	3	175
North Carolina Memorial Hospital [1-2]	Chapel Hill, N. C.	E. H. Wood	33,698	105	2,553	42	2	6	175

Numerical and other references will be found on pages 640 through 642.

25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of X-Ray Examinations	Number of Radium Treatments	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	First Year Resident(s) Offered *	Total Resident(s) Offered *	Beginning Stipend (Month)
Duke University Affiliated Hospitals									
‡Duke Hospital [1-2]	Durham, N. C.	R. J. Reeves	73,272	123	5,679	381	5	12	102
Veterans Admin. Hospital [1-2]	Durham, N. C.	R. J. Reeves	20,574	10	1,329	30	1	2	...
North Carolina Baptist Hospital [1-2]	Winston-Salem, N. C.	J. Meechan	29,495	1	2,711	123	2	3	100
Bismarck Hospital [1-2]	Bismarck, N. Dak.	H. M. Berg	20,697	48	2,742	675	1	3	200
Akron City Hospital [1-2]	Akron, Ohio	F. T. Moore	50,691	258	7,198	309	1	4	250
Akron General Hospital [1]	Akron, Ohio	C. J. Miller	27,073	19	4,301	223	1	3	250
Aultman Hospital [1-2]	Canton, Ohio	S. Larson	34,794	25	3,200	547	1	3	275
Massey Hospital [1-2, 3-4]	Canton, Ohio	T. J. Dodd	12,998	21	4,275	...	1	2	200
University of Cincinnati College of Medicine Hospital Group									
Cincinnati General Hospital [1-2]	Cincinnati	B. Felson	52,174	86	5,630	168	4	14	85
Good Samaritan Hospital [1-2]	Cincinnati	J. E. McCarthy	32,295	54	5,040	14	1	2	250
Jewish Hospital [1-2]	Cincinnati	L. Rosenberg	34,776	78	2,400	177	1	3	166
Cleveland Clinic Hospital [1-2]	Cleveland	C. R. Hughes	49,889	30	7,456	210	3	9	175
Cuyahoga County Hospital [1-2]	Cleveland	H. Hauser	30,991	66	4,662	1,695	3	11	167
Huron Road Hospital [1-2]	Cleveland	W. D. Heinrich	30,662	29	461	241	1	3	210
Mount Sinai Hospital [1-2]	Cleveland	G. Krause-M. Lubert	27,979	20	4,401	...	1	3	215
St. Luke's Hospital [1-2]	Cleveland	D. D. Brannan	37,657	38	3,934	288	1	3	140
St. Vincent Charity Hospital [1-2]	Cleveland	E. J. O'Malley	29,058	10	1,559	...	1	2	210
University Hospitals [1-2]	Cleveland	H. L. Friedell	66,312	42	2,986	466	3	9	150
Veterans Admin. Hospital [1-2]	Cleveland	M. D. Sachs	36,785	7	1,966	80	2	6	...
Ohio State University Hospitals									
University Hospital [1-2]	Columbus, Ohio	S. W. Nelson	50,287	...	12,829	498	5	15	177
Miami Valley Hospital [1-2]	Dayton, Ohio	G. A. Nicoll	30,637	52	3,676	139	1	3	200
Veterans Admin. Hospital [1-2]	Dayton, Ohio	A. Pisani	34,696	1	1,077	82	1	1	...
Elyria Memorial Hospital [1-2]	Elyria, Ohio	D. C. Russell	18,567	5	501	99	...	1	270
St. Joseph Hospital	Lorain, Ohio	D. A. Russell	14,314	27	2,681	49	1	3	...
Mercy Hospital [1-2]	Toledo, Ohio	M. M. Thompson	30,686	37	.....	...	...	...	275
Youngstown Hospital [1-2]	Youngstown, Ohio	E. C. Baker	58,011	65	6,708	1,915	1	3	225
University of Oklahoma Affiliated Hospitals									
University Hospital [1-2]	Oklahoma City	G. R. Ridings	32,735	70	9,654	1,054	4	12	200
Veterans Admin. Hospital [1-2]	Oklahoma City	S. M. Glasser	36,756	2	2,782	249	1	4	...
Wesley Hospital	Oklahoma City	E. H. Kahnon	14,779	52	2,258	30	1	1	250
St. John's Hospital	Tulsa, Okla.	L. M. Pascucci	26,580	51	1,283	79	2	4	175
Providence Hospital [1-2]	Portland, Ore.	S. Rees	17,478	20	1,691	...	1	3	275
St. Vincent's Hospital [1-2]	Portland, Ore.	S. E. Rees	13,102	15	206	20	2	6	275
University of Oregon Medical School Hospitals and Clinics [1-2]	Portland, Ore.	C. T. Dotter	36,637	19	1,191	....	3	6	125
Abington Memorial Hospital [1-2]	Abington, Pa.	C. H. Sillars	27,398	56	2,547	849	1	3	150
Sacred Heart Hospital [1-2]	Allentown, Pa.	K. W. Taber-C. L. Mengel	13,698	613	5,509	550	1	3	225
Bryn Mawr Hospital [1-2]	Bryn Mawr, Pa.	R. M. Harvey	24,524	21	2,914	484	1	3	200
Geo. F. Geisinger Memorial Hospital [1-2]	Danville, Pa.	J. L. Williams	26,618	51	1,748	4,460	1	4	175
Thomas M. Fitzgerald Mercy Hospital	Darby, Pa.	F. K. Alexander	16,502	74	2,355	265	1	3	100
Hamot Hospital [1-2]	Erie, Pa.	R. D. Bacon	21,875	37	1,874	...	1	3	250
St. Vincent's Hospital [1-2]	Erie, Pa.	R. Bacon	18,195	24	1,008	21	1	3	200
Albert Einstein Medical Center									
Northern Division	Philadelphia	J. Gershon-Cohen	27,991	110	6,667	900	1	3	125
Southern Division [1-2]	Philadelphia	H. Isard	22,188	37	2,702	....	1	3	125
Chester County Hospital	West Chester, Pa.	.....	.....	...	.....	...	...	...	...
Chestnut Hill Hospital [1]	Philadelphia	R. P. Barden	12,046	8	1,512	182	1	2	250
Episcopal Hospital [1-2]	Philadelphia	H. Fisher	24,763	33	1,741	140	1	1	150
Germantown Dispensary and Hospital [1-2]	Philadelphia	B. R. Young	27,107	55	5,775	300	1	3	175
Graduate Hospital of the University of Pennsylvania [1-2]	Philadelphia	A. Finkelstein	22,307	53	2,715	306	4	8	160
Hahnemann Medical College and Hospital [1-2]	Philadelphia	J. S. Lehman	37,648	286	3,402	143	2	6	75
Hospital of the University of Pennsylvania [1-2]	Philadelphia	E. P. Pendergrass	168,159	87	14,952	3,267	6	24	...
Children's Hospital [1-2]	Philadelphia	J. W. Hope	11,695	6	224	31	1	1	250
Jeanes Hospital [1-2]	Philadelphia	E. P. Pendergrass	5,949	6	634	30	1	1	300
Hospital of the Woman's Medical College of Pennsylvania [1-2]	Philadelphia	J. Vastine	10,664	21	1,300	...	1	3	130
Jefferson Medical College Hospital [1-2]	Philadelphia	R. L. Nichols	39,042	116	12,288	84	4	12	150
Nazareth Hospital [1-2]	Philadelphia	J. S. Fetter	19,477	15	1,419	504	1	3	200
Pennsylvania Hospital [1-2]	Philadelphia	P. A. Bishop	21,136	93	7,101	261	2	2	160
Philadelphia General Hospital [1-2]	Philadelphia	B. Widmann	171,819	203	7,688	190	4	12	121
Presbyterian Hospital [1-2]	Philadelphia	E. L. Lasse	12,833	67	2,131	30	1	2	175
Temple University Hospital [1-2]	Philadelphia	H. M. Stauffer	31,320	37	8,986	303	5	15	...
Veterans Adm'n. Hospital [1-2]	Philadelphia	G. T. Wohl	28,128	7	2,169	73	3	8	...
Allegheny General Hospital [1]	Pittsburgh	T. B. Childs	38,320	28	943	332	1	4	200
Mercy Hospital [1-2]	Pittsburgh	C. R. Perryman	28,778	67	17,510	...	1	6	225
Montefiore Hospital [1-2, 3-4]	Pittsburgh	H. W. Friedman	17,374	....	2,322	175	1	3	225
Health Center Hospitals of the University of Pittsburgh School of Medicine									
Children's Hospital [1-2]	Pittsburgh	B. R. Girdany	23,906	...	.....	....	...	...	...
Elizabeth Steel Magee Hospital	Pittsburgh	E. N. Chasler	14,702	44	1,341	....	1	1	125
Presbyterian Hospital	Pittsburgh	E. C. Lasser	97,751	154	7,031	169	5	9	125
St. Francis General Hospital and Rehabilitation Institute [1-2]	Pittsburgh	G. Alexander	23,207	18	2,140	20	2	3	225
Veterans Admin. Hospital [1-2]	Pittsburgh	S. Lewis	25,720	34	4,283	110	1	4	...
Western Pennsylvania Hospital	Pittsburgh	D. H. Rice-L. S. Sherman	31,670	60	2,225	822	1	3	225
Reading Hospital [1-2]	Reading, Pa.	G. W. Chamberlin	16,788	12	6,087	....	2	6	225
Robert Packer Hospital [1-2]	Sayre, Pa.	J. T. Littleton	31,600	25	3,602	180	1	3	225
Rhode Island Hospital [1-2]	Providence, R. I.	L. A. Martineau	32,901	50	2,080	225	1	3	125
Teaching Hospitals of the Medical College of South Carolina	Charleston, S. C.	H. S. Pettit	1,300	9	421	1	2	4	137
Medical College Hospital	.....	.....	...	.....	...	...	...	...	...
Roper Hospital	.....	.....	...	.....	...	...	...	...	...
Spartanburg General hospital [1]	Spartanburg, S. C.	H. E. Plenge	15,143	28	3,619	341	1	1	200
Baroness Erlanger Hospital [1-2]	Chattanooga, Tenn.	C. W. Reavis	26,514	31	7,984	358	1	3	250

Numerical and other references will be found on pages 680 through 682.

25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Number of X-Ray Examinations	Number of Radium Treatments	Number of Deep X-Ray Treatments	Number of Superficial X-Ray Treatments	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Baptist Memorial Hospital [1-2]	Memphis, Tenn.	J. E. Whitehleather	27,805	8	1,483	126	1	4	$200
City of Memphis Hospital [1-2]	Memphis, Tenn.	C. Heacock	43,924	78	5,367	205	2	6	150
Methodist Hospital	Memphis, Tenn.	J. C. King	27,081	57	5,000	421	2	6	220
Veterans Admin. Hospital [1-2-252]	Memphis, Tenn.	B. E. Greenberg	64,083	20	6,068	220	2	6	...
Vanderbilt University Hospital [1-2]	Nashville, Tenn.	H. C. Francis	29,283	91	84	922	3	7	50
Veterans Admin. Hospital [1-2]	Nashville, Tenn.	D. E. Sherman	28,515	1	1,051	122	1	3	...
Baylor University Hospital [1-2]	Dallas, Texas	J. E. Miller	32,005	117	10,163	139	2	7	175
Parkland Memorial Hospital [1-2]	Dallas, Texas	F. J. Bonte	41,542	59	3,923	1,723	3	5	150
St. Paul's Hospital [1-2]	Dallas, Texas	G. D. Carlson	15,804	57	1,913	...	1	2	150
Veterans Admin. Hospital [1-2]	Dallas, Texas	B. K. Lovell	20,411	48	2,725	1,073	3	7	...
University of Texas Medical Branch Hospitals [1-2]	Galveston, Texas	R. N. Cooley	68,998	98	6,473	18	3	9	160
Baylor University College of Medicine Affiliated Hospitals									
Jefferson Davis Hospital [1-2]	Houston, Texas	V. P. Collins	58,470	61	1,163	121	2	7	75
Methodist Hospital [1-2]	Houston, Texas	C. H. Burge	19,282	9	1,791	...	1	2	220
Veterans Admin. Hospital [1-2-257]	Houston, Texas	H. L. Barton	50,320	16	4,814	135	1	3	...
Hermann Hospital [1-2-250]	Houston, Texas	L. M. Vaughan	47,205	41	4,546	322	2	4	125
St. Joseph's Hospital [1-2]	Houston, Texas	C. W. Yates	28,866	15	2,444	51	1	1	200
University of Texas M.D. Anderson Hospital and Tumor Institute [1-2]	Houston, Texas	G. A. Fletcher	15,093	555	14,173	21,770	..	9	200
University of Texas Postgraduate Medical School Affiliated Hospitals									
Baptist Memorial Hospital [1-2]	San Antonio, Texas	E. F. Lyon, Jr.	17,031	72	1,479	68	1	3	200
Robert B. Green Memorial Hospital [1-2]	San Antonio, Texas	B. B. Markette	30,650	19	1,530	91	3	6	200
‡Santa Rosa Hospital [1-2]	San Antonio, Texas	J. J. Wiesner	16,502	40	1,273	29	1	3	250
Scott and White Memorial Hospitals [1-2]	Temple, Texas	A. W. Sommer	48,271	110	5,427	520	1	3	200
University of Utah Affiliated Hospitals									
Dr. W. H. Groves Latter-Day Saints Hospital [1-2]	Salt Lake City	E. Crowder	11,166	27	566	10	1	3	250
Holy Cross Hospital [1-2]	Salt Lake City	R. R. Meyer	9,616	...	1,612	...	1	3	175
‡St. Mark's Hospital [1-2]	Salt Lake City	H. P. Plenk	9,584	17	1,520	20	1	1	275
‡Salt Lake County General Hospital [1-2]	Salt Lake City	W. Christensen	18,196	23	3,206	227	2	6	220
Veterans Admin. Hospital [1-2]	Salt Lake City	D. W. Stowell	8,980	..	.....	...	1	3	...
University of Vermont Affiliated Hospitals									
De Goesbriand Memorial Hospital	Burlington, Vt.	F. W. Van Buskirk	12,328	..	870	91	2	5	167
Mary Fletcher Hospital [1-2-247]	Burlington, Vt.	A. B. Soule, Jr.	19,050	39	4,314	160	2	5	166
University of Virginia Hospital [1-2]	Charlottesville, Va.	V. W. Archer	45,384	58	7,872	440	2	7	160
De Paul Hospital [1-2]	Norfolk, Va.	J. Foster	17,421	36	3,205	35	1	3	200
Norfolk General Hospital [1-2]	Norfolk, Va.	C. P. Wisoff	14,692	86	2,131	87	1	4	200
Medical College of Virginia Hospital Division [1-2]	Richmond, Va.	F. B. Mandeville	47,756	131	4,060	432	1	5	75
Veterans Admin. Hospital [1-2-276]	Richmond, Va.	W. H. Mendel	36,275	2	3,123	73	1	3	...
Providence Hospital [1-2]	Seattle	E. A. Addington	16,637	50	543	119	2	2	215
Virginia Mason Hospital [1-2]	Seattle	T. Carlile	33,049	64	3,430	969	1	3	250
Sacred Heart Hospital [1]	Spokane, Wash.	C. A. Stevenson	19,730	79	1,306	...	2	2	250
University Hospitals [1-2]	Madison, Wis.	L. Paul	47,529	183	7,025	361	4	11	160
Columbia Hospital [1-252]	Milwaukee	S. A. Morton	23,584	42	3,080	772	1	1	245
Evangelical Deaconess Hospital [1-2]	Milwaukee	A. Melamed	29,984	29	4,970	154	1	3	200
Milwaukee County Hospital [1-2]	Milwaukee	J. L. Marks-M. Greenberg	38,212	35	6,745	410	2	6	207
Milwaukee Hospital [1-2]	Milwaukee	H. W. Hefke-J. Armbruster	32,985	161	8,834	...	1	3	270
St. Joseph's Hospital [1-2]	Milwaukee	G. W. Sengpiel	21,218	39	4,715	352	1	3	200
St. Luke's Hospital [1-2]	Milwaukee	H. H. Wright	15,133	36	3,040	349	1	2	275
Veterans Admin. Hospital [1-2-253]	Milwaukee (Wood), Wis.	R. V. McAllister	40,806	7	9,085	281	1	3	...
San Juan City Hospital [1-2]	San Juan, P. R.	J. L. Becerra	17,230	21	6,983	109	1	2	150
Veterans Admin. Hospital [1-2]	San Juan, P. R.	L. Ehrlich	9,060	..	.....	...	1	3	...
Dr. I. Gonzales Martinez Oncologic Hospital [1-2]	San Juan, P. R.	V. A. Marcial	.....	130	22,840	840	3	9	300

26. SURGERY

Residency programs in the following hospitals have been approved by the Council, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Training in Surgery, for FOUR OR MORE years of training, designed to qualify the trainee for examination by the American Board of Surgery as a Group I candidate.

Hospitals, 329; Assistant Residencies and Residencies, 4,222

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
UNITED STATES AIR FORCE							
U. S. Air Force Hospital	San Antonio, Texas	D. S. Wenger	4,421	30	5	14	...
UNITED STATES ARMY							
Letterman Army Hospital [1-2]	San Francisco	J. Graham	1,430	13	3	12	...
Fitzsimons Army Hospital [1-2]	Denver	C. S. Lyter	709	25	2	8	...
Army Medical Center [1-2]	Washington, D. C.	J. H. Forsee	1,021	29	4	17	...
Brooke Army Hospital [1-2]	San Antonio, Texas	W. W. Nichol	2,205	60	4	16	...
Tripler Army Hospital [1-2]	Honolulu T. H.	W. F. Bowers	8,850	23	3	12	...
UNITED STATES NAVY							
U. S. Naval Hospital [1-2]	Oakland, Calif.	M. L. Gerber	1,701	42	4	10	...
U. S. Naval Hospital [1-2]	San Diego, Calif.	J. M. Hanner	2,846	60	6	12	...
U. S. Naval Hospital [1-2]	Bethesda, Md.	R. B. Brown	1,646	...	4	9	...
U. S. Naval Hospital [1-2]	Chelsea, Mass.	L. L. Haynes	2,028	20	1	5	...
U. S. Naval Hospital [1-2]	St. Albans, N. Y.	R. N. Grant	1,566	4	4	8	...
U. S. Naval Hospital [1-2]	Philadelphia	P. J. McNamara	2,477	33	5	10	...
U. S. Naval Hospital [1-2]	Portsmouth, Va.	J. J. Zuska	3,719	30	6	10	...

Numerical and other references will be found on pages 640 through 642.

195
V. 1

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Beginning Stipend ($/mo.)
UNITED STATES PUBLIC HEALTH SERVICE							
U. S. Public Health Service Hospital [1-2]	San Francisco	W. A. Williamson	2,389	29	1	4	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE							
Freedmen's Hospital [1-2]	Washington, D. C.	B. Syphax	1,429	23	3	13	300
NONFEDERAL AND VETERANS ADMINISTRATION							
University of Alabama Affiliated Hospitals							
University Hospital and Hillman Clinic [1-2]	Birmingham, Ala.	C. Lyons	6,414	64	12	30	160
Veterans Admin. Hospital [1-2]	Birmingham, Ala.	R. A. Dillard	739	26	4	10	...
Lloyd Noland Hospital [1-2]	Fairfield, Ala.	J. M. Slaughter	2,220	17	2	5	250
Maricopa County General Hospital [1-2]	Phoenix, Ariz.	M. Wood	600	13	2	4	300
University Hospital [1-2]	Little Rock, Ark.	J. H. Growdon	1,287	39	4	14	155
Veterans Admin. Hospital [1-2]	Little Rock, Ark.	R. J. Lipin	2,504	69	1	6	...
San Joaquin General Hospital [1]	French Camp, Calif.	W. Brock	1,080	70	2	7	300
General Hospital of Fresno County [1-2-34]	Fresno, Calif.	B. H. Estes	2,225	69	3	6	300
Veterans Admin. Hospital [1-2-36-37]	Long Beach, Calif.	H. J. Movius	2,180	37	3	14	...
Cedars of Lebanon Hospital [1-2]	Los Angeles	D. State	2,374	30	3	10	265
Los Angeles County Hospital [1]	Los Angeles	C. J. Berne	7,013	272	4	16	240
University of California Hospital [1-2]	Los Angeles	W. P. Longmire, Jr.	1,139	33	2	8	220
Veterans Admin. Hospital [1-2]	Los Angeles	J. S. Clarke	3,548	112	10	22	...
White Memorial Hospital [1-2-37]	Los Angeles	A. I. Kugel	1,577	18	2	6	215
Highland—Alameda County Hospital [1-2]	Oakland, Calif.	E. M. Taylor	1,098	45	3	15	300
Kaiser Foundation Hospital [1-2]	Oakland, Calif.	A. L. Bartlett	2,419	51	4	10	315
Veterans Admin. Hospital	Oakland, Calif.	J. V. Smith	...	...	4	11	...
San Diego County General Hospital [1-2]	San Diego, Calif.	R. G. Franklin	920	41	4	10	250
Kaiser Foundation Hospital [1-2]	San Francisco	D. W. Barrow	2,451	44	2	8	300
Mount Zion Hospital [1-2]	San Francisco	L. D. Rosenman	6,059	72	3	7	150
San Francisco Hospital							
Stanford University Service [1]	San Francisco	C. Mathewson	1,966	30	4	6	265
University of California Service [1]	San Francisco	C. Lyon	1,748	37	4	6	265
Stanford University Hospitals [1-2-34-37]	San Francisco	V. Richards	1,869	60	5	13	160
University of California Hospitals [1-37]	San Francisco	L. Goldman	2,320	67	4	16	221
Veterans Admin. Hospital [1-2-35]	San Francisco	L. G. Brizzolara	1,226	33	4	13	...
Santa Clara County Hospital [1-2]	San Jose, Calif.	J. D. Lamon, Jr.	749	38	3	7	300
Santa Barbara General Hospital							
Santa Barbara Cottage Hospital	Santa Barbara, Calif.	J. R. Rydell-L. G. Fiske	1,423	35	4	9	300
Harbor General Hospital [1]	Torrance, Calif.	L. Cowley	1,447	67	4	14	346
St. Joseph's Hospital [1-2]	Denver	W. B. Condon	1,943	16	4	10	200
University of Colorado Medical Center							
Colorado General Hospital [1-2]	Denver	H. Swan	1,447	59	4	21	180
Denver General Hospital [1-2]	Denver	D. Watkins	2,817	113	...	...	170
Veterans Admin. Hospital [1-2-36]	Denver	R. Eiseman	1,511	58	6	15	...
St. Vincent's Hospital [1-2]	Bridgeport, Conn.	W. Curley, Jr.	6,195	62	2	8	300
Hartford Hospital [1-2-124]	Hartford, Conn.	W. A. Standish	6,054	69	9	22	125
St. Francis Hospital [1-2]	Hartford, Conn.	L. A. St. John	4,371	55	2	6	175
New Britain General Hospital [1-2]	New Britain, Conn.	B. B. Clark	6,150	97	1	4	210
Grace—New Haven Community Hospital [1-2-105]	New Haven, Conn.	G. E. Lindskog-C. C. Bishop	3,767	59	6	23	140
Veterans Admin. Hospital [1-2]	Newington, Conn.	P. W. Fenney	1,142	19	4	11	...
Waterbury Hospital [1]	Waterbury, Conn.	A. E. Herrmann	4,815	72	1	4	225
Veterans Admin. Hospital [1-2]	West Haven, Conn.	W. W. Lindenmuth	2,304	36	3	9	...
Delaware Hospital [1-2]	Wilmington, Del.	J. Preston	3,468	74	2	5	...
Memorial Hospital [1-2]	Wilmington, Del.	J. C. Pierson	5,461	43	1	4	225
District of Columbia General Hospital [1-2]	Washington, D. C.	B. Blades-R. Coffey	1,692	50	4	12	233
Georgetown University Service			...	...	...	...	...
George Washington University Service			...	...	...	...	...
Georgetown University Hospital [1-2]	Washington, D. C.	R. J. Coffey	3,825	70	6	18	175
George Washington University Hospital [1-2]	Washington, D. C.	B. Blades	6,730	48	5	11	150
Providence Hospital [1]	Washington, D. C.	L. B. Gaffney	9,240	40	2	8	250
Veterans Admin. Hospital [1-2-115]	Washington, D. C.	J. G. Lee	1,662	40	3	9	...
Washington Hospital Center [1-2-120]	Washington, D. C.	C. D. Brizee	8,079	93	8	17	215
Veterans Admin. Hospital [1-2]	Coral Gables, Fla.	M. Wolcott	2,439	84	5	14	...
Duval Medical Center [1-2]	Jacksonville, Fla.	K. A. Morris	2,632	41	4	10	150
St. Vincent's Hospital [1-2]	Jacksonville, Fla.	A. C. Williams	4,301	52	4	10	225
Jackson Memorial Hospital [1-2]	Miami, Fla.	J. J. Farrell	5,451	125	7	19	75
Grady Memorial Hospital [1]	Atlanta, Ga.	I. A. Ferguson	4,280	118	12	29	100
Piedmont Hospital [1-2]	Atlanta, Ga.	F. W. McRae	3,629	16	1	4	200
St. Joseph's Infirmary [1-2]	Atlanta, Ga.	D. Shepard	4,975	40	3	7	170
Veterans Admin. Hospital [1-2]	Atlanta, Ga.	J. C. Thoroughman	1,835	70	6	19	...
Medical College of Georgia Hospitals							
Eugene Talmadge Memorial Hospital [1-2]	Augusta, Ga.	W. Moretz	467	19	6	20	250
University Hospital	Augusta, Ga.	J. Sherman	2,529	20	1	5	200
Veterans Admin. Hospital [1-2]	Augusta, Ga.	C. M. Rhode	1,246	40	3	5	...
Emory University Hospital [1-2]	Emory University, Ga.	J. D. Martin, Jr.	5,170	17	6	7	235
Cook County Hospital	Chicago	K. A. Meyer	11,492	129	8	31	140
Illinois Central Hospital [1-2]	Chicago	C. C. Guy	3,515	30	1	4	233
Michael Reese Hospital [1-2]	Chicago	N. N. Crohn	2,870	27	3	8	225
Mount Sinai Hospital [1-2]	Chicago	E. I. Greene	3,955	23	2	6	225
Northwestern University Medical Center							
Chicago Wesley Memorial Hospital [1-2]	Chicago	W. Maddock	2,922	42	5	8	125
Passavant Memorial Hospital [1-2]	Chicago	L. Davis	1,543	14	3	6	125
Veterans Admin. Research Hospital [1-2]	Chicago	F. W. Preston	1,606	25	5	12	...
Evanston Hospital [1-2]	Evanston, Ill.	J. M. Dorsey	2,431	32	1	3	225
Presbyterian-St. Luke's Hospital							
Presbyterian Hospital Division [1-2]	Chicago	E. J. Beattie, Jr.	2,999	42	4	16	125
St. Luke's Hospital Division [1-2]	Chicago	B. C. Kilbourne	2,140	43	4	12	125
University of Chicago Clinics [1-2]	Chicago	L. R. Dragstedt	3,418	107	6	18	200
University of Illinois							
Research and Educational Hospitals [1-2]	Chicago	W. H. Cole	1,923	71	4	13	140
Veterans Admin. West Side Hospital [1-2-124]	Chicago	M. I. Gibbel	2,235	51	4	17	...
St. Francis Hospital [1]	Evanston, Ill.	D. P. Slaughter	3,226	39	2	7	210
Veterans Admin. Hospital [1-2-120]	Hines, Ill.	C. B. Puestow	3,922	77	21	46	...

Numerical and other references will be found on pages 640 through 642.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Beginning (Month)
Indianapolis General Hospital [1-2]	Indianapolis	H. G. Becker	1,205	54	2	8	205
Indiana University Medical Center Affiliated Hospitals							
Indiana University Medical Center Hospital [1]	Indianapolis	H. B. Shumacker, Jr.	1,091	92	5	14	165
Veterans Admin. Hospital [1-2]	Indianapolis	L. R. Radigan	758	92	..	..	...
Iowa Methodist Hospital [1-2-112]	Des Moines, Iowa	J. B. Priestley	1,647	93	2	8	200
Veterans Admin. Hospital [1-2]	Des Moines, Iowa	L. T. Palumbo	2,440	43	4	16	...
State University of Iowa Hospitals [1-2]	Iowa City	R. T. Tidrick	3,020	110	6	22	175
Veterans Admin. Hospital [1-2]	Iowa City	E. S. Brintnall	1,387	68	6	12	...
University of Kansas Medical Center [1-2]	Kansas City, Kan.	F. Albritten, Jr.	1,581	59	5	16	125
Veterans Admin. Hospital [1-2]	Kansas City, Mo.	G. A. Riggins	1,466	29	..	..	...
St. Joseph Hospital [2]	Lexington, Ky.	F. M. Massie	1,795	39	2	8	210
University of Louisville Medical Center							
Children's Hospital	Louisville, Ky.	H. B. Lynn	3,252	..	1	4	80.35
Louisville General Hospital [1-2]	Louisville, Ky.	R. J. Noer	1,989	60	8	20	85
Waverly Hills Tuberculosis Sanatorium	Waverly Hills, Ky.	..	..	..	..	..	...
St. Joseph Infirmary [1-2]	Louisville, Ky.	J. T. Giannini	7,544	35	4	10	210
Veterans Admin. Hospital [1-2-132]	Louisville, Ky.	J. E. Hamilton	1,404	36	3	13	...
Charity Hospital of Louisiana							
Independent Unit [1]	New Orleans	R. Kahle	2,254	42	3	12	180
Louisiana State University Unit [1-2]	New Orleans	J. D. River	3,497	76	6	24	180
Tulane University Unit [1]	New Orleans	O. Creech	3,698	98	6	25	100
Veterans Admin. Hospital [1-2-135]	New Orleans	L. K. Richardson	1,556	53	5	10	...
Confederate Memorial Medical Center [1]	Shreveport, La.	P. D. Abramson	3,259	36	3	10	125
Maine Medical Center [1]	Portland, Maine	J. M. Parker	2,313	40	2	8	125
Baltimore City Hospitals [1-2]	Baltimore	M. M. Ravitch	1,068	69	6	18	75
Church Home and Hospital [1-2]	Baltimore	O. C. Brantigan	3,537	36	4	10	200
Franklin Square Hospital [1-2]	Baltimore	H. E. Wilgis	2,708	36	2	5	225
Johns Hopkins Hospital [1-2]	Baltimore	A. Blalock	4,387	105	4	13	180
Maryland General Hospital [1-2]	Baltimore	W. M. Firor	3,620	43	2	10	225
Mercy Hospital [1-2]	Baltimore	D. J. Pessagno	3,261	25	2	6	275
Sinai Hospital [1-2]	Baltimore	A. M. Seligman	2,939	37	6	12	110
Union Memorial Hospital [1-2]	Baltimore	E. S. Stafford	5,504	49	4	8	215
University Hospital [1]	Baltimore	R. W. Buxton	3,537	46	10	22	75
Prince George's General Hospital [1-2]	Cheverly, Md.	S. Schwartzbach	1,411	27	2	6	300
Veterans Admin. Hospital [1-2]	Fort Howard, Md.	J. M. Miller	1,055	37	2	6	...
Veterans Admin. Hospital [1-2-107]	Perry Point, Md.	R. T. Shackelford	849	23	1	5	...
Beth Israel Hospital [1-2]	Boston	J. Fine	2,531	39	5	17	167
Boston City Hospital	Boston						
I Surgical Service [1-2]		C. G. Child	2,287	40	8	21	182
III Surgical Service [1-2]		J. J. Byrne	2,290	65	8	21	182
V Surgical Service [1-2]		J. E. Dunphy	2,229	50	9	26	182
Carney Hospital [2-109]	Boston	J. J. Todd	5,880	39	5	14	150
Massachusetts General Hospital [1-2]	Boston	E. D. Churchill	8,681	..	3	28	67
Massachusetts Memorial Hospitals [1-2-113]	Boston	R. H. Smithwick	1,731	39	6	22	175
New England Center Hospital [1-2]	Boston	H. F. Rheinlander	2,641	55	5	15	100
Peter Bent Brigham Hospital [1-2-117]	Boston	F. D. Moore	3,292	120	6	30	42
St. Elizabeth's Hospital [1-2-122]	Boston	J. W. Spellman	5,651	40	2	8	125
Veterans Admin. Hospital [1-2-170]	Boston (Jamaica Plain)	H. H. Faxon	2,037	79	8	24	...
Cambridge City Hospital [1-2]	Cambridge, Mass.	J. B. Vernaglia	1,304	38	1	4	180
Quincy Hospital [1-2-130]	Quincy, Mass.	J. M. McGowan	2,626	34	1	4	179
Springfield Hospital [1-2]	Springfield, Mass.	W. F. Hoyt	8,042	75	6	14	100
Memorial Hospital [1-2]	Worcester, Mass.	B. C. Wheeler	5,200	51	2	6	200
St. Vincent Hospital [1-2]	Worcester, Mass.	J. C. McCann	5,449	68	4	8	175
Worcester City Hospital [1-2]	Worcester, Mass.	J. Maroney	2,421	57	4	8	215
St. Joseph Mercy Hospital [1-2]	Ann Arbor, Mich.	F. T. Thieme	1,646	18	4	7	310
University Hospital [1-2-121]	Ann Arbor, Mich.	H. K. Ransom	2,583	97	27	66	160
Detroit Memorial Hospital [1-2-126]	Detroit	J. Mark	4,278	36	1	4	425
Grace Hospital [1-2]	Detroit	R. P. Reynolds	8,973	118	4	16	275
Harper Hospital [1-2]	Detroit	E. A. Oshu	3,445	39	12	22	275
Henry Ford Hospital [1-2]	Detroit	L. S. Fallis	9,240	126	20	56	250
Mount Carmel Mercy Hospital [1-2]	Detroit	W. S. Carpenter	10,024	67	4	16	275
Sinai Hospital [1-2]	Detroit	M. P. Meyers	3,772	46	2	5	275
Wayne State University Affiliated Hospitals							
Veterans Admin. Hospital [1-2]	Dearborn, Mich.	C. G. Johnston	2,009	73	7	21	...
Receiving Hospital [1-2]	Detroit	C. G. Johnston	5,682	152	10	42	300
St. John Hospital [1-2]	Detroit	C. J. France	2,158	4	2	6	325
Wayne County General Hospital and Infirmary [1-2]	Eloise, Mich.	W. W. Glas	3,298	92	4	12	286
Hurley Hospital [1-2]	Flint, Mich.	A. H. Kretchmar	4,084	62	2	8	325
McLaren General Hospital [1-2]	Flint, Mich.	E. F. Yary	6,296	53	3	7	350
Blodgett Memorial Hospital [1-2]	Grand Rapids, Mich.	W. J. Fuller	1,748	25	1	4	300
Butterworth Hospital [1-2]	Grand Rapids, Mich.	W. McDougal	2,978	21	2	7	300
Highland Park General Hospital [1-2]	Highland Park, Mich.	J. A. Witter	1,654	43	2	8	300
Minneapolis General Hospital	Minneapolis	C. R. Hitchcock	1,223	80	6	15	220
University of Minnesota Hospitals [1-2-213]	Minneapolis	O. H. Wangensteen	1,988	113	9	29	300
Veterans Admin. Hospital [1-2-215]	Minneapolis	D. J. Ferguson	1,402	73	10	22	...
Mayo Foundation and Clinic	Rochester, Minn.	J. M. Waugh	11,180	188	20	74	175
Ancker Hospital [1-2]	St. Paul	L. D. MacLean	2,114	115	2	8	220
University of Mississippi Medical Center							
University Hospital [1-2]	Jackson, Miss.	J. D. Hardy	1,429	29	6	20	250
Veterans Admin. Hospital [1-2]	Jackson, Miss.	J. H. Conn	1,264	16	..	..	...
University of Missouri Medical Center [1-2]	Columbia, Mo.	H. E. Stephenson, Jr.	860	32	7	17	200
Kansas City General Hospital No. 1 [1-2]	Kansas City, Mo.	R. R. Coffey	1,712	120	2	8	300
Barnes Hospital [1-2]	St. Louis	C. A. Moyer	3,307	71	15	34	50
Homer G. Phillips Hospital [1-2]	St. Louis	C. Moyer	3,104	80	12	25	201
Jewish Hospital [1-2]	St. Louis	M. D. Pareira	3,044	42	3	9	150
Missouri Pacific Hospital [2]	St. Louis	R. A. Weir	2,696	29	6	12	300
St. Louis City Hospital [1-2-220]	St. Louis	C. A. McAfee-L. V. Mulligan	2,475	67	8	19	224
St. Luke's Hospital [1-2]	St. Louis	C. E. Lischer	3,732	51	2	7	250
St. Mary's Group of Hospitals [1-2]	St. Louis	C. R. Hanlon	2,688	52	4	13	100
Veterans Admin. Hospital							
St. Louis University Unit [1-2]	St. Louis	C. J. Galbraith, Jr.	1,172	45	2	8	...
Washington University Unit [1-2]	St. Louis	F. B. Hershey	1,212	31	2	8	...
Creighton Memorial-St. Joseph's Hospital	Omaha, Neb.	B. R. Walake	5,822	35	3	12	210

Numerical and other references will be found on pages 640 through 642.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered*	Total Residencies Offered*	Beginning Salary (Month)
University of Nebraska Hospital [1-2-229]	Omaha, Neb.	M. M. Musselman	695	39	2	8	220
Veterans Admin. Hospital [1-2-229]	Omaha, Neb.	W. P. Kletsch	1,979	43	2	3	...
Dartmouth Medical School Affiliated Hospitals—			2,140	37	5	18	216
Mary Hitchcock Memorial Hospital [1-2]	Hanover, N. H.	W. T. Mesenthal	.....	...	..	..	...
Veterans Admin. Hospital [1-2]	White River Jct., Vt.	W. B. Crandell	.....	...	..	..	...
Jersey City Medical Center	Jersey City, N. J.	E. J. Halligan	5,979	76	8	25	168
Newark Beth Israel Hospital [1-2]	Newark, N. J.	M. Singer	6,282	85	1	4	160
Veterans Admin. Hospital [1-2]	Albuquerque, N. M.	W. A. Childs	1,496	22	4	14	...
Albany Hospital [1-2-243]	Albany, N. Y.	C. Eckert	3,505	68	5	14	160
Veterans Admin. Hospital [1-2-243]	Albany, N. Y.	J. A. Nelson	2,175	77	3	12	...
Brooklyn Hospital [1-2]	Brooklyn, N. Y.	K. H. MacGregor	4,120	33	2	8	175
Coney Island Hospital [1-2]	Brooklyn, N. Y.	J. E. Hammett	5,816	56	4	10	165
Jewish Hospital [1-2]	Brooklyn, N. Y.	L. Berger	4,988	13	2	8	160
Kings County Hospital							
Division I [1-2]	Brooklyn, N. Y.	J. F. Raycroft	3,272	76	4	16	165
Division II [1-2]	Brooklyn, N. Y.	C. Dennis	3,021	94	4	13	165
Long Island College Hospital [1-2]	Brooklyn, N. Y.	E. J. Browder	2,983	34	1	5	136
Maimonides Hospital [1-2]	Brooklyn, N. Y.	A. Burwitz	3,828	48	5	10	75
Methodist Hospital [1-2]	Brooklyn, N. Y.	A. J. Vosseler	2,582	21	2	5	175
St. John's Episcopal Hospital [1-2]	Brooklyn, N. Y.	C. Dennis	2,231	18	1	2	175
Veterans Admin. Hospital [1-2]	Brooklyn, N. Y.	H. H. LeVeen	1,010	21	7	20	...
Wyckoff Heights Hospital [1-2]	Brooklyn, N. Y.	P. Zoller	2,617	45	3	12	160
Allied Hospitals of the Sisters of Charity of Buffalo [1-2]	Buffalo	F. Zaepfel	11,380	73	2	8	285
Buffalo General Hospital [1-2]	Buffalo	J. K. Paine	3,258	63	4	14	175
Edward J. Meyer Memorial Hospital [1-2]	Buffalo	J. D. Stewart	1,940	81	3	14	247
Millard Fillmore Hospital [1-2]	Buffalo	H. N. Kenwell	4,407	40	4	11	285
Veterans Admin. Hospital [1-2-228]	Buffalo	W. M. Chardack	1,656	53	5	14	...
Mary Imogene Bassett Hospital [1-2-252]	Cooperstown, N. Y.	J. H. Powers	1,207	21	2	5	150
Flushing Hospital and Dispensary [1-2-251]	Flushing, N. Y.	C. N. Baker	4,929	27	1	4	175
Meadowbrook Hospital [1-2]	Hempstead, N. Y.	J. N. Shell	1,579	81	3	12	225
Queens Hospital Center [1-2]	Jamaica, N. Y.	L. J. Morse	3,376	156	3	10	165
Nassau Hospital [1-2]	Mineola, N. Y.	T. F. Montgomery	2,200	39	3	9	218
Long Island Jewish Hospital [1-2]	New Hyde Park, N. Y.	P. E. Lear	3,630	41	1	4	75
Beekman-Downtown Hospital	New York City	S. Mage	.....	...	3	8	190
Bellevue Hospital Center							
Div. I—Columbia University [1-2-252]	New York City	K. M. Lewis, Sr.	1,450	25	7	17	165
Div. II—Cornell University [1-2-261]	New York City	C. W. Holman	1,854	43	4	15	165
Div. III—New York University College of Medicine [1-2]	New York City	J. H. Mulholland	2,614	25	8	18	165
Div. IV—New York University Post-Graduate Medical School [1-2]	New York City	J. W. Hinton	2,312	37	8	25	104
Beth Israel Hospital [1-2-265]	New York City	L. Ginzburg	2,810	25	2	5	155
Bronx Hospital [1-2]	New York City	H. Friedlander	2,701	17	4	10	160
Bronx Municipal Hospital Center [1-2]	New York City	W. Metcalf	1,156	60	4	20	125
Harlem Hospital [1-2]	New York City	A. D. Maynard	1,668	15	4	12	165
Knickerbocker Hospital [1-2]	New York City	P. Allen	2,078	25	3	10	150
Lenox Hill Hospital [1-2]	New York City	H. C. Maier-F. M. Donehue	3,102	35	2	8	180
Lincoln Hospital [1-2]	New York City	F. H. Amendola	2,968	17	4	13	165
Montefiore Hospital [1-2]	New York City	E. S. Horwitt	4,395	69	6	11	187
Mount Sinai Hospital [1-2]	New York City	I. D. Baronofsky	4,093	63	9	21	75
New York Hospital [1-2]	New York City	F. Glenn	3,731	105	9	30	164
New York Medical College-Metropolitan Medical Center							
Flower and Fifth Avenue Hospitals [1-2]	New York City	J. M. Winfield	4,180	5	2	8	160
Metropolitan Hospital [1-2]	New York City	J. M. Winfield	2,228	31	2	10	165
New York Polyclinic Medical School and Hospital [1]	New York City	J. E. Hammett	2,695	17	3	12	125
Presbyterian Hospital [1]	New York City	G. H. Humphreys	4,681	44	8	26	250
Roosevelt Hospital [1]	New York City	.....	3,808	57	7	19	150
St. Clare's Hospital [1-2]	New York City	J. L. Madden	4,367	50	2	8	200
St. Luke's Hospital [1-2]	New York City	H. A. Zintel	4,122	52	6	15	160
St. Vincent's Hospital [1-2]	New York City	L. M. Rousseliot	4,579	102	6	19	125
Veterans Admin. Hospital (Bronx) [1-2-253]	New York City	P. Cooper	2,005	47	5	14	...
Veterans Admin. Hospital (Manhattan) [1-2-253]	New York City	W. F. MacPee	2,337	81	5	20	...
Genesee Hospital [1-2]	Rochester, N. Y.	E. Douglas	3,927	53	2	7	175
Highland Hospital [1-2]	Rochester, N. Y.	T. B. Garlick	3,809	45	2	5	175
Rochester General Hospital [1-2-255]	Rochester, N. Y.	G. R. Bodon	4,681	73	3	10	125
St. Mary's Hospital [1-2]	Rochester, N. Y.	J. Remington	1,916	13	2	8	220
Strong Memorial-Rochester Municipal Hospital [1-2-257]	Rochester, N. Y.	W. J. M. Scott	3,070	121	4	13	117
State University of New York							
Upstate Medical Center [1-2]	Syracuse, N. Y.	C. B. Muller	14,155	180	10	30	233
Veterans Admin. Hospital [1-2]	Syracuse, N. Y.	L. S. Rogers	1,740	40	4	10	...
Grasslands Hospital [1-2]	Valhalla, N. Y.	G. C. Adle	705	31	1	5	175
North Carolina Memorial Hospital [1-2-259]	Chapel Hill, N. C.	N. A. Womack	944	28	7	19	175
Duke Hospital [1-260]	Durham, N. C.	D. Hart	2,023	26	12	24	127
North Carolina Baptist Hospital [1-2]	Winston-Salem, N. C.	H. H. Bradshaw	2,156	39	4	16	166
Akron City Hospital [1-2]	Akron, Ohio	S. A. Schlueter	3,970	80	4	12	250
Akron General Hospital [1-267]	Akron, Ohio	R. T. Allison	4,550	68	4	12	250
St. Thomas Hospital [1-2]	Akron, Ohio	A. H. Kyriakides	4,346	28	3	9	250
Good Samaritan Hospital [1-2-213]	Cincinnati	H. J. Brinker	2,480	18	3	12	250
St. Mary's Hospital [1-2]	Cincinnati	R. D. Mansfield	2,326	24	1	4	250
University of Cincinnati College of Medicine Hospital Group							
Cincinnati General Hospital [1-2]	Cincinnati	W. A. Altemeier	2,408	83	9	30	75
Veterans Admin. Hospital [1-2]	Cincinnati	A. Keirle	819	43	..	9	....
Cleveland Clinic Hospital [1-2]	Cleveland	G. Crile, Jr.	1,192	22	10	21	175
Cuyahoga County Hospital [1-2]	Cleveland	F. A. Simeone	1,597	56	9	21	162
Huron Road Hospital [1-2]	Cleveland	H. W. Brown	2,724	48	2	8	210
Lutheran Hospital [1-2]	Cleveland	M. M. Driver	3,800	19	3	7	250
Mount Sinai Hospital [1-2]	Cleveland	S. O. Freedlander	2,405	24	4	10	215
St. Alexis Hospital [1-2]	Cleveland	C. R. Lulenski	5,982	51	4	10	250
St. Luke's Hospital [1-2]	Cleveland	F. S. Cross	4,049	64	2	8	140
St. Vincent Charity Hospital [1-2]	Cleveland	F. Vecchio	5,389	64	4	12	210
University Hospitals [1-2]	Cleveland	W. D. Holden	4,451	71	8	20	150

Numerical and other references will be found on pages 649 through 842.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered*	Total Residencies Offered*	Beginning Salary (Month)
Veterans Admin. Hospital [1-3]	Cleveland	C. L. Cogbill	1,421	45	8	16	...
Ohio State University Hospitals							
University Hospital [1-2-227]	Columbus, Ohio	R. M. Zollinger	3,686	86	6	18	177
White Cross Hospital [1-2-228]	Columbus, Ohio	R. Patton	3,881	58	2	5	220
Veterans Admin. Hospital [1-2]	Dayton, Ohio	C. C. Burton	1,802	89	4	16	...
St. Elizabeth Hospital [1-3]	Youngstown, Ohio	J. K. Herald	8,193	67	4	10	300
Youngstown Hospital [1-3]	Youngstown, Ohio	G. G. Nelson	10,422	86	4	12	325
University of Oklahoma Hospitals [1-3-229]	Oklahoma City	J. A. Schilling	1,445	51	8	27	300
Veterans Admin. Hospital [1-242]	Oklahoma City	G. S. Campbell	1,873	76	4	12	...
St. Vincent's Hospital [1-3]	Portland, Ore.	A. M. Boyden	6,988	38	2	8	275
University of Oregon Medical School Hospitals and Clinics [1-3-231]	Portland, Ore.	W. K. Livingston	1,710	65	2	8	135
Veterans Admin. Hospital [1-3]	Portland, Ore.	R. A. Wise	1,370	24	5	16	...
Abington Memorial Hospital [1-3]	Abington, Pa.	C. M. Smyth	2,486	46	1	4	150
Allentown Hospital [1-3]	Allentown, Pa.	R. L. Schaeffer	2,926	49	1	4	225
Bryn Mawr Hospital [1-3-230]	Bryn Mawr, Pa.	F. E. Robbins	4,190	37	2	5	300
Geo. F. Geisinger Memorial Hospital [1-3]	Danville, Pa.	J. R. Babcock	1,981	31	1	4	175
Hamot Hospital [1-3]	Erie, Pa.	B. Goldman	5,226	41	1	4	250
Harrisburg Hospital [1-3]	Harrisburg, Pa.	C. E. Moore	5,351	61	2	5	250
Germantown Dispensary and Hospital [1-3-232]	Philadelphia	S. D. Weeder	2,029	54	1	4	175
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	H. R. Hawthorne	1,386	30	4	8	160
Hahnemann Medical College and Hospital [1-3]	Philadelphia	J. M. Hozard	2,647	38	3	12	75
Hospital of the University of Pennsylvania [1-3]	Philadelphia	I. S. Ravdin	4,650	110	10	29	150
Hospital of the Woman's Medical College of Pennsylvania [1-3]	Philadelphia	I. K. Ferguson	1,702	37	1	6	110
Jefferson Medical College Hospital [1-3]	Philadelphia	J. H. Gibbon, Jr.	3,108	66	4	16	160
Lankenau Hospital [1-3]	Philadelphia	J. M. Deaver-G. C. Engel	2,372	36	2	8	200
Misericordia Hospital [1]	Philadelphia	W. D. O'Sullivan	2,099	40	1	4	250
Pennsylvania Hospital [1-3]	Philadelphia	O. C. King	1,739	50	12	12	95
Presbyterian Hospital [1-3]	Philadelphia	O. C. King	2,340	52	2	8	175
Temple University Hospital [1-3]	Philadelphia	W. E. Burnett	2,458	43	3	12	...
Veterans Admin. Hospital [1-3]	Philadelphia	O. Nerbin	1,078	57	5	13	270
Allegheny General Hospital [1]	Pittsburgh	N. K. Hammond	1,723	19	1	4	300
Mercy Hospital [1-3]	Pittsburgh	H. G. Kuehner	3,533	25	2	8	225
Health Center Hospitals of the University of Pittsburgh School of Medicine							
Children's Hospital	Pittsburgh		.....	...	..	..	...
Presbyterian Hospital [1-3]	Pittsburgh	S. P. Harbison-W. Kiesewetter	1,288	23	4	10	125
Veterans Admin. Hospital [1-2-233]	Pittsburgh	F. C. Jackson	1,385	50	7	19	...
Western Pennsylvania Hospital [1]	Pittsburgh	G. V. Foster	9,666	95	3	11	225
Robert Packer Hospital [1-3]	Sayre, Pa.	D. Guthrie	3,103	30	2	6	225
York Hospital [1]	York, Pa.	F. M. Weaver	7,030	45	1	4	300
Rhode Island Hospital [1-3]	Providence, R. I.	J. M. Beardsley	4,951	56	2	8	125
Veterans Admin. Hospital [1-3-251]	Providence, R. I.	H. W. Harrower	2,203	38	2	12	...
Teaching Hospitals of the Medical College of South Carolina	Charleston, S. C.	F. E. Kredel	3,810	58	3	14	137
Medical College Hospital		.....	...	..	..	...	
Roper Hospital		.....	...	..	..	...	
Greenville General Hospital [1]	Greenville, S. C.	L. W. Stoneburner	6,085	59	1	4	250
Baptist Memorial Hospital [1-3-252]	Memphis, Tenn.	R. M. Miles	11,383	57	2	7	260
City of Memphis Hospitals [1-3]	Memphis, Tenn.	H. Wilson	2,695	33	3	13	150
Veterans Admin. Hospital [1-3]	Memphis, Tenn.	R. F. Bowers	3,329	82	9	21	...
George W. Hubbard Hospital [1-3]	Nashville, Tenn.	M. Walker	1,668	33	3	13	125
Nashville General Hospital [1-2]	Nashville, Tenn.	O. F. Noel	1,346	18	3	8	175
St. Thomas Hospital [1-3]	Nashville, Tenn.	W. R. Cate, Jr.	5,746	29	3	9	300
Vanderbilt University Hospital [1-3]	Nashville, Tenn.	H. W. Scott, Jr.	2,725	39	4	14	50
Veterans Admin. Hospital [1-3]	Nashville, Tenn.	R. I. Carlson	2,791	66	5	21	...
Baylor University Hospital [1-3]	Dallas, Texas	J. W. Duckett	4,141	29	3	9	175
Parkland Memorial Hospital [1-3]	Dallas, Texas	B. Wilson	2,611	37	8	22	150
Veterans Admin. Hospital [1-3-250]	Dallas, Texas	J. P. North	1,726	43	4	12	...
University of Texas Medical Branch Hospitals [1-3]	Galveston, Texas	R. M. Moore	1,352	28	6	18	160
Baylor University College of Medicine Affiliated Hospitals							
Jefferson Davis Hospital [1-3]	Houston, Texas	M. E. De Bakey	1,972	42	6	20	75
Methodist Hospital [1-3]	Houston, Texas	L. L. D. Tuttle	2,308	54	1	4	220
Veterans Admin. Hospital [1-3]	Houston, Texas	G. L. Jordan, Jr.	1,221	39	8	17	...
Hermann Hospital [1-3]	Houston, Texas	G. W. Waldron	5,467	62	2	8	125
Dr. W. R. Groves Latter-Day Saints Hospital [1-3-253]	Salt Lake City	A. M. Nielsen	6,327	36	3	9	250
Salt Lake County General Hospital [1]	Salt Lake City	W. Burdette	1,144	36	3	12	220
Veterans Admin. Hospital [1-3-263]	Salt Lake City	R. C. Richards	1,091	28	2	8	...
University of Vermont Affiliated Hospitals							
De Goesbriand Memorial Hospital	Burlington, Vt.	A. A. Gladstone	866	7	1	3	167
Mary Fletcher Hospital [1-3]	Burlington, Vt.	A. G. Mackay	2,312	46	2	8	100
University of Virginia Hospital [1-3]	Charlottesville, Va.	W. H. Muller, Jr.	2,534	96	8	23	50
Chesapeake and Ohio Railway Employees Affiliated Hospitals							
Chesapeake and Ohio Hospital [1-3]	Clifton Forge, Va.	J. M. Emmett	3,822	39	4	10	200
Chesapeake and Ohio Hospital [1-3]	Huntington, W. Va.	J. P. Carey	783	10	..	..	200
De Paul Hospital [1-3]	Norfolk, Va.	C. J. Devine, Jr.	4,306	25	2	5	200
Norfolk General Hospital [1-3]	Norfolk, Va.	R. L. Payne, Jr.	2,641	22	4	8	215
Medical College of Virginia—Hospital Division [1-3]	Richmond, Va.	D. M. Hume	4,505	64	5	23	75
Veterans Admin. Hospital [1-3]	Richmond, Va.	R. F. MacDonald	1,835	22	2	8	...
King County Hospital Unit No. 1 (Harborview) [1]	Seattle	H. N. Harkins	1,746	105	4	15	125
Veterans Admin. Hospital [1-3]	Seattle	J. W. Bell	1,351	57	4	12	...
Virginia Mason Hospital [1-3]	Seattle	J. W. Baker	5,294	91	3	12	150
University Hospitals [1]	Madison, Wis.	E. R. Schmidt	2,511	82	6	18	100
Milwaukee County Hospital [1-3]	Milwaukee	J. M. King	6,008	139	8	20	267
Milwaukee Hospital [1-3-278]	Milwaukee	I. Schulz	4,296	37	2	5	270
Veterans Admin. Hospital [1-3]	Milwaukee (Wood), Wis.	M. B. Smith	2,971	81	3	13	...
Queen's Hospital [1-3-255]	Honolulu, T. H.	J. E. Strode	2,978	21	2	7	150
San Juan City Hospital [1-3]	San Juan, P. R.	J. N. Benitez	2,537	43	4	10	150

Numerical and other references will be found on pages 640 through 642.

28. SURGERY—Continued

Residency programs in the following hospitals have been approved by the Council, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Training in Surgery, for THREE years of training, designed to qualify the trainee for examination by the American Board of Surgery as a Group II candidate.

Hospitals, 155; Assistant Residencies and Residencies, 1,854

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Registrar Stipend (Month)
UNITED STATES ARMY							
William Beaumont Army Hospital [5]	El Paso, Texas	R. L. Rhea, Jr.	2,986	19	2	6	...
UNITED STATES NAVY							
U. S. Naval Hospital [1-2]	Great Lakes, Ill.	S. Ede	1,811	2	2	3	...
UNITED STATES PUBLIC HEALTH SERVICE							
U. S. Public Health Service Hospital [1-2]	New Orleans	J. L. Elliott	3,240	22	1	3	...
U. S. Public Health Service Hospital [1-2]	Baltimore	H. D. Fishburn	2,908	58	2	6	...
U. S. Public Health Service Hospital	Boston	F. W. Love	2,025	12	1	3	...
U. S. Public Health Service Hospital [1-2]	Stapleton, S. I., N. Y.	P. E. Walker	5,814	52	9	17	...
U. S. Public Health Service Hospital [1-2]	Seattle	J. D. Lane, Jr.	2,418	17	1	3	...
INTERFEDERAL AND VETERANS ADMINISTRATION							
Carraway Methodist Hospital [1]	Birmingham, Ala.	B. M. Carraway	993	7	2	4	150
Mobile County Hospital [1-2]	Mobile, Ala.	E. B. Frazier	1,517	27	2	5	175
Veterans Admin. Hospital [1]	Tuskegee, Ala.	J. M. Cox	1,157	32	2	3	...
St. Joseph's Hosp.tal [1-2]	Phoenix, Ariz.	W. A. Brewer	2,582	17	1	3	150
Kern County General Hospital [1]	Bakersfield, Calif.	C. E. Marvin	1,336	61	5	9	225
Herrick Memorial Hospital [1-2]	Berkeley, Calif.	L. E. Brown	2,987	11	1	2	175
Glendale Sanitarium and Hospital [1]	Glendale, Calif.	H. C. Prout	3,430	29	1	1	225
California Hospital [1-2]	Los Angeles	O. D. Lloyd	2,652	24	7	19	225
Hospital of the Good Samaritan [1-2]	Los Angeles	K. W. Blake	2,410	15	2	6	250
Queen of Angels Hospital [1-2]	Los Angeles	J. F. Regan	3,798	49	1	4	200
St. Vincent's Hospital [1-2]	Los Angeles	L. C. Bennett	5,021	28	1	2	250
Mercy Hospital [1-2]	San Diego, Calif.	T. F. O'Connell	2,960	22	1	3	175
St. Joseph's Hospital [1-2]	San Francisco	E. H. Dickinson	2,496	11	1	3	200
St. Luke's Hospital [1-2]	San Francisco	O. Pflueger	5,042	34	3	6	225
St. Mary's Hospital [1-2]	San Francisco	T. J. Whalen	1,776	9	3	9	200
Southern Pacific General Hospital [1-2]	San Francisco	W. L. Newberg	3,122	31	2	9	175
Presbyterian Hospital [1-2-21]	Denver	K. C. Sawyer	1,841	12	1	3	275
St. Luke's Hospital [1-22]	Denver	G. Wolfgast-D. Osborne	2,580	34	2	5	225
Colorado State Hospital [1-2-22]	Pueblo, Colo.	H. H. Kerr	621	59	4	7	415
Bridgeport Hospital [1-2]	Bridgeport, Conn.	J. F. Nolan	4,024	50	4	4	240
Hospital of St. Raphael	New Haven, Conn.	O. Pellecia	3,104	30	4	11	150
St. Mary's Hospital [1-2]	Waterbury, Conn.	J. F. Burke	2,955	24	2	5	225
Doctors Hospital [1-2]	Washington, D. C.	C. S. White	4,322	40	1	3	200
Mount Sinai Hospital of Greater Miami [1-2]	Miami Beach, Fla.	H. M. Fleming	3,089	29	2	5	250
Tampa General Hospital [1]	Tampa, Fla.	W. C. Myers, Jr.	4,865	78	3	7	250
Crawford W. Long Memorial Hospital [1-2]	Atlanta, Ga.	C. E. Holloway	5,339	31	6	10	285
Georgia Baptist Hospital [1]	Atlanta, Ga.	W. S. Dorough	8,586	48	2	7	300
Macon Hospital [1-2]	Macon, Ga.	C. N. Wasden	3,992	23	...	...	...
American Hospital [1-2]	Chicago	M. Thorek-P. Thorek	2,577	21	2	8	65
Augustana Hospital [1-2]	Chicago	E. Garside	3,592	154	2	5	150
Grant Hospital [1-2]	Chicago	C. K. Solander	2,911	24	1	3	225
Illinois Masonic Hospital [1-2]	Chicago	P. Shambaugh	1,415	14	3	8	115
Lutheran Deaconess Home and Hospital [1]	Chicago	J. D. Kosicky	2,506	19	1	3	200
Mercy Hospital [1-2-127]	Chicago	H. A. Oberhelman	2,021	66	4	10	300
Provident Hospital [1-2]	Chicago	C. W. Phillips	2,003	21	1	3	200
St. Elizabeth Hospital [1]	Chicago	C. S. Scuderi	6,523	20	2	3	200
St. Joseph Hospital [1-2]	Chicago	F. B. McCarty	2,525	24	1	3	200
St. Mary of Nazareth Hospital [1-2]	Chicago	E. H. Warszewski	5,316	24	1	3	200
St. Francis Hospital	Peoria, Ill.	C. D. Branch	5,156	38	1	3	225
Clinic Hospital [1-21]	Bluffton, Ind.	H. D. Caylor	859	6	1	4	200
Methodist Hospital [1]	Indianapolis	D. Mogenhardt	5,324	40	2	6	275
St. Vincent's Hospital [1-2]	Indianapolis	W. D. Gatch	5,804	22	1	3	275
St. Elizabeth Hospital [1-2]	Lafayette, Ind.	R. E. Gery	1,374	8	2	3	275
St. Margaret's Hospital [1]	Kansas City, Kan.	M. V. Laing	8,036	102	1	3	300
St. Francis Hospital [1-2]	Wichita, Kan.	J. W. Graves	4,416	49	3	7	275
Harlan Memorial Hospital [1-132]	Harlan, Ky.	W. F. Potter	1,574	17	3	8	400
Oehsner Foundation Hospital [1-2]	New Orleans	A. Oehsner	1,723	26	4	12	225
Southern Baptist Hospital [1]	New Orleans	W. F. Becker	5,858	35	3	6	225
Touro Infirmary [1]	New Orleans	L. H. Strug	3,823	37	5	6	125
Lutheran Hospital [1-2]	Baltimore	W. E. Gilmore	7,940	17	2	6	250
Provident Hospital and Free Dispensary	Baltimore	B. Harris, Sr.	1,070	18	3	6	225
St. Agnes Hospital [1-2]	Baltimore	G. Govatos	3,512	28	3	6	300
St. Joseph's Hospital [1]	Baltimore	O. C. Brantigan	4,163	49	2	6	225
South Baltimore General Hospital [1-2]	Baltimore	E. D. Kilnberg	2,649	22	3	7	150
Beverly Hospital [1-2]	Beverly, Mass.	R. E. Alt	2,383	38	3	8	150
Truesdale Hospital [1-2—Fall River General Hospital]	Fall River, Mass.	C. H. Hawes	2,289	25	1	3	150
Malden Hospital [1-2]	Malden, Mass.	W. E. Garrey	3,986	24	3	6	200
Newton-Wellesley Hospital [1-2-129]	Newton Lower Falls, Mass.	H. G. Dunphy	3,880	29	1	3	200
Leila Y. Post Montgomery Hospital [1-2]	Battle Creek, Mich.	R. A. Stiefel	1,317	8	2	3	275
Alexander Blain Hospital [1-2]	Detroit	A. W. Blain, III	1,657	2	2	3	250
Providence Hospital [1-2]	Detroit	W. G. Quigley	3,170	62	1	3	275
St. Joseph Mercy Hospital [1-132]	Detroit	L. B. Sarat	2,247	10	1	4	310
St. Mary's Hospital [1-2]	Grand Rapids, Mich.	F. Gillett	1,773	10	1	3	275
Bronson Methodist Hospital [1-202]	Kalamazoo, Mich.	C. Hanson	2,121	44	1	4	200
Pontiac General Hospital [1-2]	Pontiac, Mich.	L. C. Sheffield	3,172	31	2	5	225
St. Joseph Mercy Hospital [1-2]	Pontiac, Mich.	C. G. Darling	1,888	12	2	6	225
William Beaumont Hospital [1-2]	Royal Oak, Mich.	H. B. Barber	1,797	13	2	4	200
Saginaw General Hospital [1-2]	Saginaw, Mich.	H. M. Bishop	3,442	29	1	4	225
Mount Sinai Hospital [1-2]	Minneapolis	A. Kremen	1,256	17	2	4	200
St. Barnabas Hospital [1-2]	Minneapolis	N. C. Plimpton	1,521	9	1	3	225
Mayo Foundation	Rochester, Minn.	J. M. Waugh	11,180	198	20	74	175
Charles T. Miller Hospital [1-2]	St. Paul	W. C. Bernstein	3,048	51	1	3	250
Mercy Hospital—Street Memorial [1-2-213]	Vicksburg, Miss.	G. H. Martin	.....	11	1	3	275

Numerical and other references will be found on pages 640 through 642.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
Vicksburg Hospital [2]	Vicksburg, Miss.	W. H. Parsons	3,539	...	1	4	100
St. Louis County Hospital [1-2]	Clayton, Mo.	D. Sauer	416	17	2	8	225
Kansas City General Hospital No. 2 [1-2]	Kansas City, Mo.	R. E. Allen	831	21	2	6	200
Menah Medical Center [1-2]	Kansas City, Mo.	A. Adelman	4,743	24	2	6	300
St. Luke's Hospital [1-2-221]	Kansas City, Mo.	J. H. Gaskins	2,209	28	2	5	310
St. Mary's Hospital [1-2]	Kansas City, Mo.	T. M. Johnson	2,706	9	1	3	275
De Paul Hospital [1-2]	St. Louis	J. W. Thompson	5,771	42	3	6	300
Missouri Baptist Hospital [1-2]	St. Louis	A. R. Dalton	2,470	18	3	9	175
St. John's Hospital [1-2]	St. Louis	G. T. Gafney	3,033	61	3	7	200
Veterans Admin. Hospital [1-2-229]	Lincoln, Neb.	S. P. Brown	1,905	28	2	6	...
Atlantic City Hospital [1]	Atlantic City, N. J.	J. H. Mason, III	4,332	73	1	3	200
Cooper Hospital [1-2]	Camden, N. J.	E. R. Ristine	2,993	57	1	3	200
West Jersey Hospital [1-2]	Camden, N. J.	K. Athey	1,572	15	1	3	225
Veterans Admin. Hospital [1-2-230]	East Orange, N. J.	A. Levy	1,517	51	2	8	...
Burlington County Hospital [1-2]	Mount Holly, N. J.	T. J. Summey	1,724	43	2	4	100
Harrison S. Martland Medical Center [1-2]	Newark, N. J.	C. MacArthur	1,594	32	3	9	162
St. Barnabas Medical Center [1-2]	Newark, N. J.	H. A. Schulte	3,322	21	1	4	150
St. Peter's General Hospital [1-2]	New Brunswick, N. J.	F. M. Clarke	1,681	17	1	3	175
Orange Memorial Hospital [1-2]	Orange, N. J.	C. H. Evans	4,755	44	1	4	150
St. Francis Hospital [1-2]	Trenton, N. J.	G. N. J. Sommer, Jr.	6,326	71	2	5	210
St. Peter's Hospital [1-2]	Albany, N. Y.	T. L. Tyrrell	5,320	30	2	5	225
Beth El Hospital [1-2]	Brooklyn, N. Y.	C. B. Ripstein	3,132	14	3	5	150
Cumberland Hospital [1-2]	Brooklyn, N. Y.	J. J. Gainey	1,925	18	4	8	165
Greenpoint Hospital [1-2]	Brooklyn, N. Y.	S. Sebussheim	1,595	33	2	6	165
Lutheran Medical Center [1-2]	Brooklyn, N. Y.	R. P. San Filippo	2,785	39	1	4	165
St. Catherine's Hospital [1-2]	Brooklyn, N. Y.	J. A. McCabe	3,509	15	2	5	125
St. Mary's Hospital [1-2]	Brooklyn, N. Y.	J. Rizzo	2,000	17	1	3	200
Deaconess Hospital [1-2]	Buffalo	E. T. McGroder	4,309	35	4	8	200
Clifton Springs Sanitarium and Clinic [1-2]	Clifton Springs, N. Y.	R. B. Tyrie	655	6	1	4	150
Elmhurst General Hospital [1-2]	Elmhurst, N. Y.	A. Zimany	2,215	24	2	5	165
Jamaica Hospital [1-2]	Jamaica, N. Y.	E. J. Patterson	...	...	1	4	200
Mary Immaculate Hospital [1-2]	Jamaica, N. Y.	H. W. Draffen	4,657	19	5	8	160
Charles S. Wilson Memorial Hospital [1-2]	Johnson City, N. Y.	D. D. Smith	3,554	26	3	7	225
North Shore Hospital [1-2]	Manhasset, N. Y.	J. H. Eckel	2,217	12	2	6	200
Mount Vernon Hospital [1-2]	Mount Vernon, N. Y.	J. F. Bagg	2,443	27	1	3	125
New Rochelle Hospital [1-2]	New Rochelle, N. Y.	G. C. Adie	7,314	33	1	3	225
Fordham Hospital [1-2]	New York City	B. H. Gobben	2,628	44	2	8	165
42nd Street Beth David Hospital [1-2]	New York City	L. Breidenbach	427	2	1	2	...
French Hospital [1-2]	New York City	H. B. Keyes	2,263	31	1	4	75
Morrisania City Hospital [1-2]	New York City	M. Eisenstat	1,262	19	2	6	165
Sydenham Hospital	New York City	S. Standard	1,581	5	3	4	164
Ellis Hospital [1-2]	Schenectady, N. Y.	S. F. MacMillan	5,968	78	4	8	150
White Plains Hospital [1-2]	White Plains, N. Y.	E. G. Ramsdell	3,415	42	1	3	175
Charlotte Memorial Hospital [1]	Charlotte, N. C.	A. G. Brenizer, Jr.	2,135	13	1	3	250
Lincoln Hospital [1-2]	Durham, N. C.	H. M. Schiebel	645	8	1	2	175
Mex Hospital [1]	Raleigh, N. C.	E. H. Herring	2,580	13	1	3	350
City Memorial Hospital [1-2]	Winston-Salem, N. C.	H. M. Starling	4,860	30	1	3	300
Aultman Hospital [1-2]	Canton, Ohio	W. R. Farrar	6,399	50	6	12	275
Mercy Hospital [1-2]	Canton, Ohio	P. E. Smith	3,374	49	4	8	200
Christ Hospital [1-2]	Cincinnati	E. A. Kindel	2,514	200	2	5	200
Jewish Hospital [1-2-212]	Cincinnati	A. Grollman	6,466	85	5	12	195
Evangelical Deaconess Hospital [1-2]	Cleveland	J. H. Lazzari	1,367	18	4	6	175
St. John's Hospital [1-2]	Cleveland	J. E. Hannibal	3,975	29	2	6	225
Mount Carmel Hospital [1-2]	Columbus, Ohio	W. H. Teachnor	5,229	44	1	3	275
Good Samaritan Hospital [1-2]	Dayton, Ohio	A. J. Carlson	5,450	18	...	...	270
Miami Valley Hospital [1-2]	Dayton, Ohio	J. M. Shaffer	9,909	138	2	6	200
St. Elizabeth Hospital [1-2]	Dayton, Ohio	T. P. Rab	8,698	54	..	1	325
Marymount Hospital [1-2]	Garfield Heights, Ohio	W. E. Mishler	3,142	17	3	6	200
Lakewood Hospital [1-2]	Lakewood, Ohio	N. W. Thiessen	4,200	23	3	9	200
St. Rita's Hospital [1-2]	Lima, Ohio	C. H. Leech	5,535	36	1	3	400
Maumee Valley Hospital [1-2]	Toledo, Ohio	R. Hotz	430	41	2	4	285
Mercy Hospital [1-2]	Toledo, Ohio	H. L. Hauman	5,708	53	1	4	275
St. Vincent's Hospital [1-2]	Toledo, Ohio	D. G. Shaffer	5,003	73	2	5	225
St. Anthony Hospital	Oklahoma City	L. J. Starry	5,945	39	1	3	300
Hillcrest Medical Center [1]	Tulsa, Okla.	M. Lelbovitz	5,687	49	3	6	150
St. John's Hospital	Tulsa, Okla.	R. E. McDowell	2,270	7	2	8	175
Sacred Heart Hospital [1-2]	Allentown, Pa.	C. A. Holland	5,454	49	3	8	225
St. Luke's Hospital [1-2]	Bethlehem, Pa.	D. P. Walker	5,978	55	3	5	225
St. Vincent's Hospital [1-2]	Erie, Pa.	J. E. O'Brien	5,525	66	1	4	200
Harrisburg Polyclinic Hospital	Harrisburg, Pa.	W. K. McBride	5,636	53	3	7	250
Sacred Heart Hospital [1-2]	Norristown, Pa.	R. Buyers	3,254	34	1	3	350
Albert Einstein Medical Center							
Northern Division	Philadelphia	B. Greenspan	2,516	40	6	12	125
Southern Division [1-2]	Philadelphia	A. Ulin	2,054	15	2	5	125
Episcopal Hospital [1-2]	Philadelphia	J. W. Klopp	2,245	36	2	6	150
Frankford Hospital [1-2]	Philadelphia	O. P. Large	1,970	167	1	3	250
Mercy-Douglass Hospital [1-2]	Philadelphia	L. C. Manges	1,110	22	1	2	200
Methodist Episcopal Hospital [1-2]	Philadelphia	G. Willauer	2,963	21	1	3	150
Nazareth Hospital [1-2]	Philadelphia	J. J. O'Neill	1,112	8	1	3	200
Philadelphia General Hospital [1-2]	Philadelphia	L. Stahlgren	3,556	141	2	8	121
Montefiore Hospital [1-2]	Pittsburgh	S. A. Rosenburg	5,535	30	1	3	225
St. Francis General Hospital and Rehabilitation Institute [1-2]	Pittsburgh	H. E. Feather	7,892	26	2	4	225
Reading Hospital [1-2]	Reading, Pa.	C. B. Rentschler	1,704	26	1	3	225
St. Joseph's Hospital [1-2]	Reading, Pa.	R. R. Impink	1,240	24	1	3	...
Williamsport Hospital [1-2]	Williamsport, Pa.	F. E. Sanford	2,757	18	1	3	225
Columbia Hospital of Richland County [1]	Columbia, S. C.	G. T. McCutchen	4,304	38	1	3	175
Veterans Admin. Hospital	Columbia, S. C.	K. M. Lippert	858	25	2	6	...
Spartanburg General Hospital [1]	Spartanburg, S. C.	J. V. Jeffords	8,153	41	3	6	200
Sacred Heart Hospital [1-2]	Yankton, S. Dak.	C. B. McVay	1,172	13	1	3	300
Baroness Erlanger Hospital [1-2]	Chattanooga, Tenn.	G. J. Vlasis	2,834	37	8	15	250
University of Tennessee Memorial Research Center and Hospital [1-2]	Knoxville, Tenn.	C. R. Zirkle	1,909	35	2	4	220
Methodist Hospital	Memphis, Tenn.	J. M. Aste	7,174	28	2	6	220

Numerical and other references will be found on pages 640 through 642.

19
V.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered*	Total Residencies Offered*	Beginning Stipends (Month)
St. Joseph Hospital [1-3-302]	Memphis, Tenn.	W. H. Gragg, Jr.	1,627	17	1	3	250
Baptist Hospital [1-3]	Nashville, Tenn.	R. G. Hammonds	1,926	5	4	9	200
Brackenridge Hospital [1-3]	Austin, Texas	R. Ross	1,520	16	1	4	200
Methodist Hospital [1-3]	Dallas, Texas	R. E. Park	2,688	10	2	6	200
St. Joseph's Hospital [1-3]	Houston, Texas	J. P. Barnes	1,483	3	2	5	250
Robert B. Green Memorial Hospital [1-3]	San Antonio, Texas	A. W. Hartman	2,420	59	2	6	150
Scott and White Memorial Hospitals [1-3]	Temple, Texas	T. Speed	3,835	21	3	9	200
Johnston Willis Hospital [1-3]	Richmond, Va.	F. S. Johns	3,306	19	1	3	250
Jefferson Hospital [1-3]	Roanoke, Va.	H. H. Trout, Jr.	1,636	7	2	4	175
Swedish Hospital [1-3]	Seattle	E. B. Speir	7,088	34	1	3	225
Beckley Hospital [1-3]	Beckley, W. Va.	H. F. Cooper	2,255	11	2	4	250
Beckley Memorial Hospital [1-3]	Beckley, W. Va.	R. E. Wilcox	1,081	16	2	8	400
Charleston General Hospital [1-3]	Charleston, W. Va.	Y. Skaff	3,088	19	2	8	225
Kanawha Valley Hospital [1]	Charleston, W. Va.	J. C. Condry	1,992	10	1	3	200
Memorial Hospital [1-3]	Charleston, W. Va.	B. Bradford, Jr.	1,850	29	2	5	250
Cabell-Huntington Hospital [1-3]	Huntington, W. Va.	W. R. Wilkinson	1,164	6	1	3	250
St. Mary's Hospital [1-3]	Huntington, W. Va.	F. L. Coffey	2,053	16	2	4	275
Veterans Admin. Hospital [1-3]	Martinsburg, W. Va.	I. Harrison	1,606	30	5	6	...
Broaddus Hospital [1-3]	Philippi, W. Va.	H. C. Myers	1,200	23	1	4	200
Ohio Valley General Hospital [1-3]	Wheeling, W. Va.	J. O. Rankin	3,639	33	2	6	300
Madison General Hospital [1-3]	Madison, Wis.	R. P. Sinaiko	3,408	34	1	4	175
Columbia Hospital [1-3-74]	Milwaukee	C. M. Schroeder	1,880	37	2	4	245
St. Joseph's Hospital [1-3]	Milwaukee	J. J. Gramling	5,808	54	2	6	250
Gorgas Hospital	Ancon, C. Z.	E. P. Shirokov	2,280	22	2	5	345
Bayamon Charity District Hospital [1-3]	Bayamon, P. R.	R. C. N. Stella	1,704	71	2	5	250
Veterans Admin. Hospital [1-3]	San Juan, P. R.	L. A. Passalacqua	2,027	17	2	6	...

Residency programs in the following hospitals have been approved by the Council, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Training in Surgery, for one year of training as an integral part of an approved program of four or more years' duration.

Hospitals, 34; Assistant Residencies and Residencies, 101

NONFEDERAL AND VETERANS ADMINISTRATION

Samuel Merritt Hospital [1-72]	Oakland, Calif.	A. J. Hunnicutt	1,994	13	..	..	...
French Hospital [1-2]	San Francisco	W. L. Rogers	3,411	37	3	4	300
Community Hospital of San Mateo County [1]	San Mateo, Calif.	K. H. Prindle	382	13	..	1	300
Henrotin Hospital [1-3]	Chicago	C. B. Puestow	1,441	9	1	1	300
Broadlawns-Polk County Hospital [1]	Des Moines, Iowa	W. H. Myerly	1,622	41	..	2	225
Veterans Admin. Hospital [1-3-147]	Wichita, Kan.	A. H. Hinshaw	1,302	41	1	4	...
Lafayette Charity Hospital [1-3]	Lafayette, La.	J. D. Rives	1,696	40	..	2	450
Brockton Hospital	Brockton, Mass.	F. J. Hanley	2,686	27	..	1	250
Auburn Hospital [1-3]	Cambridge, Mass.	J. Tartakoff	3,573	62	1	3	155
Lawrence F. Quigley Memorial Hospital [1-3-180]	Chelsea, Mass.	A. L. Davis	914	13	..	4	255
Salem Hospital [1-3]	Salem, Mass.	W. G. Phippen	1,442	20	..	..	200
Pondville Hospital	Walpole, Mass.	E. M. Daland	1,449	161	..	4	527
St. Joseph's Hospital [1-3]	St. Paul	C. F. Rea	2,922	19	1	2	250
Ellis Fischel State Cancer Hospital [1-3]	Columbia, Mo.	E. J. Schewe, Jr.	1,464	..	..	6	200
Francis Delafield Hospital [1-3]	New York City	G. H. Humphreys, II	764	82	4	14	105
Goldwater Memorial Hospital [1-3-277]	New York City	B. Shafton	408	11	2	8	105
Gouverneur Hospital [1-3]	New York City	L. R. Slattery	530	8	..	9	105
Memorial Center for Cancer and Allied Diseases [1-3]	New York City	H. T. Randall	7,564	173	..	23	200
James Ewing Hospital			.....	...	..	..	...
Memorial Hospital			.....	...	..	..	...
Veterans Admin. Hospital [1-3]	Durham, N. C.	R. W. Postlethwait	1,022	25	3	5	...
Children's Hospital [1]	Cincinnati	W. A. Altemeier	1,848	21	..	..	...
Children's Hospital [1]	Columbus, Ohio	H. W. Clatworthy, Jr.	2,064	27	..	4	252
Easton Hospital [1-3]	Easton, Pa.	T. C. Zulick, Jr.	2,082	21	2	3	250
Lynchburg General Hospital [1-3]	Lynchburg, Va.	L. G. Richards, Jr.	1,314	9	..	2	200

Residency programs in the following hospitals have been approved by the Council, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Training in Surgery, for additional training following the completion of an approved residency. The American Board of Surgery will give credit for time spent in these services toward fulfillment of the practice requirements for Group II candidates.

Hospitals, 19; Assistant Residencies and Residencies, 58

NONFEDERAL

Children's Hospital [1-3]	Denver	H. C. Fisher	1,366	25	3	3	200
Children's Hospital [1-2]	Washington, D. C.	H. H. Schoenfeld	1,427	8	..	..	...
Children's Memorial Hospital [1-3]	Chicago	W. J. Potts	2,784	52	..	2	125
Children's Medical Center	Boston	R. E. Gross	1,506	47	6	11	...
Pondville Hospital	Walpole, Mass.	E. M. Daland	1,449	161	..	4	527
Westfield State Sanatorium [1-3]	Westfield, Mass.	F. S. Hopkins	978	42	..	3	527
Ellis Fischel State Cancer Hospital [1-3]	Columbia, Mo.	E. J. Schewe, Jr.	1,464	..	..	6	200
Children's Hospital [1-3]	Buffalo	L. J. Leahy	2,043	22	..	5	125
Roswell Park Memorial Institute [1-3]	Buffalo	G. E. Moore	3,074	392	..	13	318
Babies' Hospital	New York City	T. V. Santulli	5,469	....	..	1	333
Francis Delafield Hospital [1-3]	New York City	G. H. Humphreys, II	764	82	4	14	105
Memorial Center for Cancer and Allied Diseases [1-3]	New York City	H. T. Randall	7,564	173	..	17	200
James Ewing Hospital			.....	....	..	..	...
Memorial Hospital			.....	....	..	..	...
Children's Hospital [1]	Columbus, Ohio	H. W. Clatworthy, Jr.	2,064	27	..	4	252
Children's Hospital [1-3]	Philadelphia	C. E. Koop	2,640	25	2	4	67
Children's Hospital [1-3]	Pittsburgh	W. B. Kiesewetter	987	22	..	2	150
Texas Children's Hospital [1-3]	Houston, Texas	L. W. Able	1,326	23	..	1	175
University of Texas—M. D. Anderson Hospital and Tumor Institute [1-3]	Houston, Texas	E. C. White	594	34	..	8	300
Children's Orthopedic Hospital [1-3]	Seattle	H. Coe	2,082	37	..	..	160

Numerical and other references will be found on pages 640 through 642.

26. SURGERY—Continued

Residency programs in the following hospitals are approved by the Council as offering satisfactory training of ONE or TWO years' duration in preparation for residency training in the surgical specialties only. Applicants intending to qualify for examination by the American Board of Surgery should refer to the lists of approved services on pages 635 through 637 (Surgical Residencies, J. A. M. A. 166:632, Sept. 22, 1956).

Hospitals, 139; Assistant Residencies and Residencies, 317.

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [a]	Total Residencies Offered [a]	Beginning Salary (Month)
UNITED STATES AIR FORCE							
U. S. Air Force Hospital [1-2]	Wichita Falls, Texas	H. M. Thomas	652	1	2	2	...
UNITED STATES ARMY							
U. S. Army Hospital [1-2]	Fort Benning, Ga.	R. M. Hardaway, III	1,766	17	4	4	...
U. S. Army Hospital [1-2]	Fort Campbell, Ky.	H. J. Grossman	5,572	7	2	2	...
U. S. Army Hospital [1-2]	Fort Bragg, N. C.	H. A. Conrad	7,479	9	3	3	...
U. S. Army Hospital [1-2]	Fort Belvoir, Va.	D. G. Elsner	6,321	11	4	4	...
Madigan Army Hospital [1-2]	Tacoma, Wash.	W. A. Todd, Jr.	1,637	6	3	3	...
NONFEDERAL							
Good Samaritan Hospital [1]	Phoenix, Ariz.	J. Eisenbeiss	4,471	35	2	2	300
St. Mary's Hospital [1-2]	Tucson, Ariz.	I. M. Chesser	6,759	37	8	8	300
Tucson Medical Center [1-2]	Tucson, Ariz.	P. G. Derickson	991	5	3	3	300
Arkansas Baptist Hospital [1-2]	Little Rock, Ark.	C. E. Wenger	8,135	49	2	2	325
General Hospital of Riverside County [1]	Arlington, Calif.	...	492	9	2	2	444
Seaside Memorial Hospital [1-2]	Long Beach, Calif.	M. C. Todd	6,923	15	3	3	185
Presbyterian Hospital-Olmsted Memorial [1-2]	Los Angeles	W. H. Snyder	4,989	25	1	1	300
Santa Fe Coast Lines Hospital	Los Angeles	L. Chaffin	945	3	2	2	350
Collis P. and Howard Huntington Memorial Hospital [1-2]	Pasadena, Calif.	E. B. Dewey	3,588	13	3	3	300
San Bernardino County Charity Hospital	San Bernardino, Calif.	R. Seavers	870	44	4	5	180
Mary's Help Hospital [1-2]	San Francisco	K. Carlson	1,859	7	1	1	300
St. John's Hospital [1-2]	Santa Monica, Calif.	J. F. Roberts	5,833	18	1	1	300
Greenwich Hospital [1-2]	Greenwich, Conn.	H. P. Serrell	3,029	30	1	1	150
Hartford Municipal Hospital and Health Center [1-2]	Hartford, Conn.	C. Kelly	379	5	2	2	255
Lawrence and Memorial Hospitals [1-2]	New London, Conn.	F. B. Hartman	4,344	29	3	3	250
Norwalk Hospital [1-2]	Norwalk, Conn.	H. Genvert	1,690	11	2	2	195
Stamford Hospital [1-2]	Stamford, Conn.	C. Rawls	2,498	29	...	...	...
Eastern Dispensary and Casualty Hospital [1]	Washington, D. C.	J. R. Young	3,261	15	1	2	250
Sibley Memorial Hospital	Washington, D. C.	P. R. Putzki	...	...	1	3	300
Riverside Hospital	Jacksonville, Fla.	T. M. Moseley	868	2	1	1	300
St. Luke's Hospital [1-2]	Jacksonville, Fla.	R. P. Thompson	1,981	11	2	2	300
St. Francis Hospital [1-2]	Miami Beach, Fla.	J. T. Jann	3,996	13	2	2	215
Orange Memorial Hospital [1]	Orlando, Fla.	D. C. Robertson	3,515	52	1	3	325
Mound Park Hospital [1]	St. Petersburg, Fla.	W. Rautenstrauch	5,795	71	1	1	300
Memorial Hospital of Chatham County [1-2]	Savannah, Ga.	J. L. Alexander	550	18	1	3	350
Mac Neal Memorial Hospital [1-2]	Berwyn, Ill.	J. L. Grout	1,427	30	2	2	350
Englewood Hospital [1]	Chicago	J. Levenson	2,028	...	1	1	300
Hospital of St. Anthony de Padua [1-2]	Chicago	W. R. Sladek	3,258	13	2	2	250
Norwegian American Hospital	Chicago	G. T. Murphy	3,530	19	3	3	300
Ravenswood Hospital [1-2]	Chicago	J. Abbate	1,229	...	2	2	300
St. Anne's Hospital [1-2]	Chicago	P. F. Fox	4,881	24	2	2	250
Woodlawn Hospital [1-2]	Chicago	H. P. Jenkins	1,011	9	1	1	250
Little Company of Mary Hospital [1-2]	Evergreen Park, Ill.	P. R. McNulty	4,874	33	2	6	175
Community Memorial General Hospital	La Grange, Ill.	R. Hopkins	4,434	46	2	2	300
Methodist Hospital of Central Illinois [1]	Peoria, Ill.	W. H. Eastman	5,980	6	2	4	300
St. Anthony Hospital [1-2]	Rockford, Ill.	R. G. Smith	4,070	12	1	3	300
Ball Memorial Hospital [1]	Muncie, Ind.	R. C. Peacock	4,871	35	1	1	250
Mercy Hospital [1-2]	Iowa City	G. Scanlon	4,305	20	2	2	300
Wesley Hospital [1-2]	Wichita, Kan.	L. K. Crumpacker	7,185	20	1	1	310
Good Samaritan Hospital [1-2]	Lexington, Ky.	A. E. Grimes	5,225	30	1	1	225
Hotel Dieu-Sister's Hospital	New Orleans	M. Salatich	2,351	5	2	4	225
Ochsner Foundation Hospital [1-2]	New Orleans	A. Ochsner	1,723	26	4	4	225
Central Maine General Hospital [1]	Lewiston, Maine	W. V. Cox	3,149	45	1	1	225
Bon Secours Hospital [1]	Baltimore	N. G. Sullivan	1,186	5	1	2	270
New England Hospital [1-2]	Boston	A. Brown	1,874	...	2	2	85
Burbank Memorial Hospital [1]	Fitchburg, Mass.	F. P. Ross	2,277	34	1	2	300
Evangelical Deaconess Hospital [1-2]	Detroit	T. H. Hunt	1,225	20	2	2	267
Jennings Memorial Hospital [1-2]	Detroit	J. B. Hartzell	302	..	2	2	350
Woman's Hospital [1]	Detroit	J. R. Brown	3,303	8	3	3	475
Bon Secours Hospital [1]	Grosse Pointe, Mich.	J. F. Wenzel	1,501	12	1	1	315
Borgess Hospital [1]	Kalamazoo, Mich.	C. G. Callander	2,330	20	1	1	275
Edward W. Sparrow Hospital	Lansing, Mich.	J. M. Wellman	1,646	14	2	2	250
Northwestern Hospital [1-2]	Minneapolis	H. Buchstein	3,876	38	3	3	300
Swedish Hospital [1-2]	Minneapolis	J. H. Lisner	8,755	18	3	3	300
Missouri Methodist Hospital [1-2]	St. Joseph, Mo.	J. N. Martin	4,174	23	3	3	225
St. Anthony's Hospital [1-2]	St. Louis	A. Repetto	3,967	14	1	1	300
St. Elizabeth Hospital [1-2]	Lincoln, Neb.	R. F. Mueller	4,310	17	2	4	300
Hackensack Hospital [1-2]	Hackensack, N. J.	A. I. Mader, Jr.	4,124	35	1	1	150
Monmouth Memorial Hospital [1-2]	Long Branch, N. J.	H. Kazmann	3,002	37	3	4	300
Mountainside Hospital [1-2]	Montclair, N. J.	C. W. Moeckel	5,223	20	1	1	250
Morristown Memorial Hospital [1-2]	Morristown, N. J.	R. F. Zimmerman	4,953	67	1	1	185
Pitkin Memorial Hospital [1-2]	Neptune, N. J.	M. Q. Hancock	3,585	40	2	2	300
United Hospitals of Newark Presbyterian Hospital [1-2]	Newark, N. J.	P. A. O'Connor	4,785	48	3	3	175
Columbus Hospital [1]	New York City	V. Carabba	1,494	..	1	3	125
Hospital for Joint Diseases [1-2]	New York City	P. Klingenstein	973	8	4	4	80
Jewish Memorial Hospital [1-2]	New York City	B. Sherwin	1,813	22	1	1	150
Lebanon Hospital [1-2]	New York City	B. Sherwin-C. B. Ripstein	1,692	9	1	1	100
Misericordia Hospital [1-2]	New York City	M. J. Healy	1,910	12	1	2	125
Mother Cabrini Memorial Hospital [1-2]	New York City	J. P. Alvich	1,301	6	1	3	125
New York Infirmary [1-2]	New York City	L. Loseke	1,309	11	1	2	150
United Hospital [1-2]	Port Chester, N. Y.	G. O. Tremble	2,173	26	2	2	300
St. Agnes Hospital [1]	Raleigh, N. C.	G. W. Paschal	722	3	1	1	400
Kate Bitting Reynolds Memorial Hospital [1-2]	Winston-Salem, N. C.	H. R. Malloy	3,403	16	1	2	300
Bismarck Hospital [2]	Bismarck, N. Dak.	R. H. Wahlschmidt	774	6	3	3	300

Numerical and other references will be found on pages 640 through 642.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Beginning Stipend (Month)
St. Luke's Hospital [1-2]	Fargo, N. Dak.	V. G. Borland	1,176	7	2	2	300
Deaconess Hospital [1-2]	Cincinnati	R. W. Good-S. Hamilton	3,350	7	3	3	175
Fairview Park Hospital [1-2]	Cleveland	R. J. McNamee	2,167	12	2	6	200
Mercy Hospital [1-2]	Hamilton, Ohio	W. F. Hume	2,730	23	3	9	300
Lima Memorial Hospital [1-2]	Lima, Ohio	R. R. Snowball	5,284	25	1	1	275
Mansfield General Hospital [1-2]	Mansfield, Ohio	P. S. Test	3,300	14	4	4	300
Flower Hospital [1-2]	Toledo, Ohio	W. H. Medley	4,113	72	1	1	300
Trumbull Memorial Hospital [1]	Warren, Ohio	D. A. Miller	4,656	40	1	3	300
Wesley Hospital [1]	Oklahoma City	A. H. Bell	1,354	14	2	2	250
Emanuel Hospital [1-2]	Portland, Ore.	F. H. Bentley	3,567	35	2	4	275
Good Samaritan Hospital [1-2]	Portland, Ore.	F. A. Short	1,749	16	2	2	275
Providence Hospital [1-2]	Portland, Ore.	J. C. Adams	6,734	67	2	2	275
Altoona Hospital [1-2]	Altoona, Pa.	F. I. Taylor	2,265	37	1	1	225
Bradford Hospital [1-2]	Bradford, Pa.	S. A. McCutcheon	985	8	..	2	250
Hazleton State Hospital [1-2]	Hazleton, Pa.	J. P. H. Kettrick	2,452	16	3	4	350
St. Joseph's Hospital [1-2]	Philadelphia	J. A. Lehman	3,497	36	4	4	300
St. Mary's Hospital [1]	Philadelphia	W. J. Tourish	1,218	8	2	2	250
Woman's Hospital [1-2]	Philadelphia	C. Smyth	1,318	3	1	2	175
St. Margaret Memorial Hospital [1-2]	Pittsburgh	J. R. Watson	1,986	17	1	1	300
Mercy Hospital [1-2]	Wilkes-Barre, Pa.	L. C. Blasm	2,803	4	1	2	250
Wilkes-Barre General Hospital [1-2]	Wilkes-Barre, Pa.	P. J. Morgan	2,615	17	2	2	225
Columbia Hospital [1-2]	Wilkinsburg, Pa.	W. B. Retzel	4,036	35	2	2	400
Memorial Hospital [1-2]	Chattanooga, Tenn.	F. H. Graham, III	3,040	11	4	4	250
Newell Hospital [1-2]	Chattanooga, Tenn.	E. T. Newell, Jr.	2,210	12	3	3	300
St. Mary's Memorial Hospital [1-2]	Knoxville, Tenn.	C. L. Chumley	3,165	21	1	2	250
Gaston Hospital [1-2]	Dallas, Texas	J. V. Goode	1,936	14	4	4	250
Harris Hospital [1]	Fort Worth, Texas	A. P. Kaufmann	6,965	39	1	2	300
Southern Pacific Hospital [1]	Houston, Texas	J. R. Gandy	460	2	2	2	...
Baptist Memorial Hospital [1-2]	San Antonio, Texas	R. F. Gossett	5,962	34	1	1	150
Thomas D. Dee Memorial Hospital [1]	Ogden, Utah	G. H. Lowe	4,172	23	2	2	325
Holy Cross Hospital [1-2]	Salt Lake City	E. H. Phillips	4,761	40	4	4	175
St. Mark's Hospital [1-2]	Salt Lake City	J. H. Clark	5,253	35	2	2	275
Riverside Hospital [1-2]	Newport News, Va.	F. A. Carmines	2,469	3	..	..	...
Richmond Memorial Hospital [1]	Richmond, Va.	H. J. Warthen	1,574	9	2	2	300
St. Elizabeth's Hospital	Richmond, Va.	G. W. Horsley	922	2	2	3	200
Lewis-Gale Hospital [1-2]	Roanoke, Va.	W. L. Sibley	2,036	6	2	2	350
Doctors Hospital [1-2]	Seattle	A. W. Lobb	5,001	36	1	2	250
Providence Hospital [1-2]	Seattle	A. B. Bill, Jr.	2,486	8	2	2	215
Sacred Heart Hospital [1]	Spokane, Wash.	D. G. Corbett	10,857	63	3	3	250
Laird Memorial Hospital [1-2]	Montgomery, W. Va.	W. R. Laird	1,934	4	1	1	240
Mercy Hospital [1-2]	Janesville, Wis.	E. Reinardy	1,363	4	4	4	250
La Crosse Lutheran Hospital [1-2]	La Crosse, Wis.	S. B. Gundersen	3,989	51	2	2	300
Methodist Hospital [1]	Madison, Wis.	O. F. Fosedl	5,349	79	1	2	300
St. Joseph's Hospital [1]	Marshfield, Wis.	B. R. Lawton	1,195	12	2	2	350
Evangelical Deaconess Hospital [1-2]	Milwaukee	H. B. Benjamin	1,460	29	4	6	250
St. Luke's Hospital [1-2]	Milwaukee	R. E. Galasinski	2,944	39	3	3	275

27. THORACIC SURGERY

Residency programs in the following hospitals have been approved by the Council and the Board of Thoracic Surgery, as offering acceptable training in the specialty.

Hospitals, 99; Assistant Residencies and Residencies, 241

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY								
Letterman Army Hospital [1-2]	San Francisco	S. French, III	118	6	1	2	2	...
Fitzsimons Army Hospital [1-2]	Denver	J. M. Salyer	71	7	1	2	2	...
Army Medical Center [1-2]	Washington, D. C.	J. H. Forse	183	7	1	2	2	...
UNITED STATES NAVY								
U. S. Naval Hospital [1]	San Diego, Calif.	J. M. Hanner	229	11	1	2	2	...
U. S. Naval Hospital [1]	St. Albans, N. Y.	J. J. Timmes	230	..	2	3	2	...
NONFEDERAL AND VETERANS ADMINISTRATION								
University of Alabama Medical Center								
The Hospital and Hillman Clinic [1-2]	Birmingham, Ala.	C. Lyons	...	..	11	9	2	50
City of Hope Medical Center [1-2]	Duarte, Calif.	A. Goldman	368	27	1	1	1	400
Veterans Admin. Hospital [1-2]	Los Angeles	F. X. Byron	330	44	..	2	2	...
Highland-Alameda County Hospital [1-2-72]	Oakland, Calif.	D. Dugan	326	5	2	5	2	200
Harbor General Hospital [1]	Torrance, Calif.	A. J. Beland	77	2	1	2	2	246
National Jewish Hospital [1-2]	Denver	J. B. Grow	414	3	1	2	2	200
Veterans Admin. Hospital [1-2]	Denver	...	...	..	..	..	2	...
Grace-New Haven Community Hospital [1-2]	New Haven, Conn.	G. E. Lindskog	494	7	..	1	2	240
Hospital of St. Raphael	New Haven, Conn.	M. G. Carter	363	9	1	2	2	150
Cedarcrest Hospital [1-2]	Newington, Conn.	R. L. Kemler	306	..	1	1	1	335
Uncas-on-Thames [1-2]	Norwich, Conn.	W. O. Kelley	480	7	1	1	1	350
George Washington University Hospital [1-2]	Washington, D. C.	B. Blades	492	14	1	2	2	150
Medical College of Georgia Hospitals								
Eugene Talmadge Memorial Hospital [1-2]	Augusta, Ga.	R. G. Ellison	220	19	..	2	2	250
Emory University Hospital [1-2]	Emory University, Ga.	O. A. Abbott	776	18	..	4	2	255
Chicago State Tuberculosis Sanitarium [1-2]	Chicago	H. T. Langston	421	2	2	2	1	300
Children's Memorial Hospital [1-2]	Chicago	W. J. Potts	Incl. in Surgery		..	1	1	125
City of Chicago Municipal Tuberculosis Sanitarium [1-2]	Chicago	W. M. Lees	604	8	..	9	1	185

Numerical and other references will be found on pages 640 through 642.

27. THORACIC SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered*	Total Residencies Offered*	Length of Approved Program (Years)	Beginning Stipend (Month)
Northwestern University Medical Center								
Veterans Admin. Research Hospital [1-2]	Chicago	F. W. Preston	180	6	..	1	2	...
Veterans Admin. Hospital [1-2]	Hines, Ill.	H. T. Langston	266	22	2	4	2	...
Suburban-Cook County Tuberculosis Hospital [1]	Hinsdale, Ill.	A. F. Reimann	342	2	..	1	1	460
State University of Iowa Hospitals [1-2]	Iowa City	J. H. Ehrenhaft	Incl. in Surgery		2	2	2	415
University of Kansas Medical Center [1-2]	Kansas City, Kan.	F. Albritten, Jr.	209	18	1	2	2	175
Charity Hospital of Louisiana								
Louisiana State University Unit [1]	New Orleans	L. H. Strug	180	11	1	2	2	175
Tulane University Unit [1]	New Orleans	O. Creech	214	10	..	1	2	175
Confederate Memorial Medical Center [1]	Shreveport, La.	W. W. McCook	236	5	..	1	2	200
University Hospital [1]	Baltimore	R. A. Cowley	189	15	3	7	2	75
Boston City Hospital [1-2]	Boston	J. W. Strieder	321	21	..	3	2	182
Boston Sanatorium [1-2]	Boston	J. W. Strieder	157	4	1	3	1	233
New Eng'land Deaconess Hospital [1-2]	Boston	R. H. Overholt	197	12	2	4	2	200
University Hospital [1-2]	Ann Arbor, Mich.	C. Haight	706	27	3	7	2	195
Henry Ford Hospital [1-2]	Detroit	C. Lam	127	9	3	6	2	250
Herman Kiefer Hospital [1-2]	Detroit	W. M. Tuttle	1,000	4	4	7	2	584
Ingham Chest Hospital	Lansing, Mich.	C. J. Stringer	705	11	1	2	2	300
Veterans Admin. Hospital [1-2]	Minneapolis	D. J. Ferguson	148	22	1	1	2	...
Mayo Foundation	Rochester, Minn.	O. T. Clagett	Incl. in Surgery		3	6	2	175
University Hospital [1]	Jackson, Miss.	J. D. Hardy	150	3	..	2	2	300
Mississippi State Sanatorium [1-2]	Sanatorium, Miss.	W. R. Webb	214	5	1	1	2	...
Missouri State Sanatorium [1-2]	Mount Vernon, Mo.	J. W. Polk	Incl. in Pul. Disease		2	3	1	400
Barnes Hospital [1-2]	St. Louis	T. Burford	831	26	..	4	2	75
B. S. Pollak Hospital for Chest Diseases [1-2]	Jersey City, N. J.	F. Bortone	113	4	2	2	2	166
Albany Hospital [1-2]	Albany, N. Y.	A. Stranahan	748	22	1	2	2	160
Kings County Hospital								
Division I [1-2]	Brooklyn, N. Y.	E. H. Griffin	214	10	1	2	2	165
Division II [1-2]	Brooklyn, N. Y.	M. Newman	219	6	1	2	2	165
Veterans Admin. Hospital [1-2-257]	Brooklyn, N. Y.	R. Klopstock	427	4	1	2	2	...
Buffalo General Hospital [1-2]	Buffalo	J. R. Paine	150	5	2	4	2	175
Edward J. Meyer Memorial Hospital [1-2]	Buffalo	J. D. Stewart	160	7	..	2	2	247
Veterans Admin. Hospital [1-2]	Buffalo	W. M. Chardack	246	6	1	2	2	...
Veterans Admin. Hospital [1-2]	Castle Point, N. Y.	R. Douglass	135	3	..	2	1	...
Triboro Hospital [1-2]	Jamaica, N. Y.	L. Miscall	143	19	3	5	2	157
Mount Morris Tuberculosis Hospital [1-2]	Mount Morris, N.Y.	J. M. Judd	132	2	2	2	1	587
Bellevue Hospital Center								
Div. 1—Columbia University [1-2-257]	New York City	R. H. Wylie	306	8	2	4	2	166
Bronx Municipal Hospital Center [1-2]	New York City	C. D. Ripstein	53	5	2	4	2	175
Montefiore Hospital [1-2]	New York City	A. H. Aufses	166	5	..	1	1	167
New York Medical College-Metropolitan Medical Center								
Metropolitan Hospital [1-2]	New York City	S. A. Thompson	125	..	1	2	1	166
St. Joseph's Hospital for Chest Diseases [1-2]	New York City	W. W. Fischer	285	3	1	2	1	200
Veterans Admin. Hospital (Bronx) [1-2-257]	New York City	K. C. Sze	138	3	1	2	2	...
Veterans Admin. Hospital (Manhattan) [1-2]	New York City	H. Stern	250	12	2	4	2	...
Homer Folks Tuberculosis Hospital [1-2]	Oneonta, N. Y.	A. M. Skinner	162	2	2	2	1	537
Ray Brook State Tuberculosis Hospital [1-2]	Ray Brook, N.Y.	D. Y. Pecora	258	..	2	2	1	537
Sea View Hospital [1-2-257]	Staten Island, N. Y.	L. R. Davidson	172	6	4	4	1	157
Veterans Admin. Hospital [1-2]	Sunmount, N. Y.	A. M. Decker, Jr.	606	2	..	1	1	...
North Carolina Memorial Hospital [1-2]	Chapel Hill, N. C.	R. M. Peters	238	12	..	1	1	200
Charlotte Memorial Hospital [1]	Charlotte, N. C.	G. L. Brenizer, Jr.	714	11	1	2	2	200
Duke Hospital [1-2]	Durham, N. C.	W. C. Sealy	576	12	..	..	2	...
Veterans Admin. Hospital [1]	Oteen, N. C.	H. F. Walkup	631	43	..	4	2	...
North Carolina Baptist Hospital [1-2-224]	Winston-Salem, N. C.	H. H. Bradshaw	281	13	1	1	2	166
Cleveland Clinic Hospital [1-2]	Cleveland	D. B. Effler	3177	22	..	4	2	250
Cuyahoga County Hospital [1-2]	Cleveland	G. H. A. Clowes, Jr.	98	8	..	2	2	162
Veterans Admin. Hospital [1-2-257]	Cleveland	H. J. Mendelsohn	131	5	1	2	2	...
Benjamin Franklin Hospital [1-2—Mount Carmel Hospital [1-2]	Columbus, Ohio	M. G. Buckles	877	25	2	2	2	275
Ohio State University Hospitals								
Ohio Tuberculosis Hospital [1-2]	Columbus, Ohio	N. C. Andrews	132	6	..	..	2	277
University Hospital [1-2]	Columbus, Ohio	K. P. Klassen	608	21	..	2	2	277
University of Oregon Medical School Hospitals and Clinics [1-2]	Portland, Ore.	W. S. Conklin	300	9	1	2	2	125
Episcopal Hospital [1-2]	Philadelphia	R. P. Glover-T. J. E. O'Neill	88	10	1	2	1	150
Hahnemann Medical College and Hospital [1-2]	Philadelphia	C. P. Bailey	1,124	67	3	5	2	75
Philadelphia General Hospital [1-2]	Philadelphia	E. Mendelsohn	Incl. in Surgery		..	1	1	250
Presbyterian Hospital [1-2]	Philadelphia	R. P. Glover	238	16	2	2	1	225
Health Center Hospitals of the University of Pittsburgh								
School of Medicine		E. M. Kent	1,026	26	2	4	2	300
Allegheny General Hospital [1]	Pittsburgh	.....	.....	.....	.....	.....	.....	.....
Children's Hospital	Pittsburgh	.....	.....	.....	.....	.....	.....	.....
Presbyterian Hospital	Pittsburgh	.....	.....	.....	.....	.....	.....	.....
Veterans Admin. Hospital [1-2]	Memphis, Tenn.	F. A. Hughes	522	37	2	2	2	...
West Tennessee Tuberculosis Hospital [1-2]	Memphis, Tenn.	F. H. Cole	357	4	2	4	2	245
Vanderbilt University Hospital [1-2]	Nashville, Tenn.	R. A. Daniel	277	15	..	1	2	50
Baylor University Hospital [1-2-22]	Dallas, Texas	R. Shaw	627	14	2	2	2	200
Veterans Admin. Hospital [1-2]	Dallas, Texas	R. H. Holland	284	26	1	2	2	...
University of Texas Medical Branch Hospitals [1-2]	Galveston, Texas	A. W. Harrison	233	4	1	2	2	180
Baylor University College of Medicine Affiliated Hospitals		.....	.....	.....	.....	.....	2	...
Jefferson Davis Hospital [1-2]	Houston, Texas	M. E. De Bakey	Incl. in Surgery		1	2	..	125
Methodist Hospital [1-2]	Houston, Texas	L. L. D. Tuttle	184	22	..	..	..	220
Veterans Admin. Hospital [1-2]	Houston, Texas	M. E. De Bakey	312	26	1	2	..	...
Dr. W. H. Groves Latter-Day Saints Hospital [1]	Salt Lake City	W. R. Rumel	450	10	..	1	2	225
University of Virginia Hospital [1-2]	Charlottesville, Va.	E. C. Drash	629	7	1	2	2	80
Veterans Admin. Hospital [1-2-272]	Richmond, Va.	L. H. Bosher, Jr.	241	12	1	2	2	...
Firland Sanatorium [1-2]	Seattle	F. J. Jarvis	180	5	..	1	1	320
Veterans Admin. Hospital [1-2]	Milwaukee (Wood), Wis.	W. Welsel	222	18	1	1	2	...
Leahi Hospital [1-2]	Honolulu, T. H.	P. W. Gebauer	.....	2	1	1	1	400

Numerical and other references will be found on pages 640 through 642.

28. UROLOGY

Residency programs in the following hospitals have been approved by the Council and the American Board of Urology, through the Residency Review Committee for Urology. These programs are approved for THREE years of training. All hospitals listed offer three years of training intramurally or on an integrated basis through affiliation with another approved institution.

Hospitals, 230; Assistant Residencies and Residencies, 721

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered *	Total Residencies Offered *	Rotating Stipend (Months)
UNITED STATES ARMY							
Letterman Army Hospital [1-2]	San Francisco	E. Lewis	836	8	1	3	...
Army Medical Center [1-2]	Washington, D. C.	J. F. Patton	465	12	2	6	...
Brooke Army Hospital [1-2]	San Antonio, Texas	L. K. Mantell	1,005	11	2	6	...
Tripler Army Hospital [1-2]	Honolulu, T. H.	C. A. Moore	806	...	1	3	...
UNITED STATES NAVY							
U. S. Naval Hospital [1-2]	Oakland, Calif.	M. S. Curtis	745	3	..	1	...
U. S. Naval Hospital [1]	San Diego, Calif.	J. R. Dillon, Jr.	1,205	7	..	1	...
U. S. Naval Hospital [1-2]	Bethesda, Md.	J. S. Hanten	643	...	1	3	...
U. S. Naval Hospital [1-2]	Philadelphia	R. P. Black	492	11	1	1	...
UNITED STATES PUBLIC HEALTH SERVICE							
U. S. Public Health Service Hospital [1-2]	Stapleton, S. I., N. Y.	C. D. Miller	1,067	9	2	5	...
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE							
Freedmen's Hospital [1-2]	Washington, D. C.	R. F. Jones	393	9	1	3	208
NONFEDERAL AND VETERANS ADMINISTRATION							
Carraway Methodist Hospital [1]	Birmingham, Ala.	H. C. Hudson	550	...	1	1	250
University of Alabama Medical Center							
University Hospital and Hillman Clinic [1-2]	Birmingham, Ala.	B. Barclare	330	3	1	4	168
Veterans Admin. Hospital [1-2]	Birmingham, Ala.	F. D. Howard	277	3	1	1	...
University Hospital [1-2]	Little Rock, Ark.	J. Headstream	275	3	1	4	155
Kern County General Hospital [1]	Bakersfield, Calif.	S. G. Kearney	191	6	1	2	225
Veterans Admin. Hospital [1-2]	Long Beach, Calif.	A. J. Boschoff	655	16	1	3	...
Kaiser Foundation Hospital	Los Angeles	J. F. Cooper	1,025	1	1	2	275
Los Angeles County Hospital [1]	Los Angeles	R. Barnes	2,641	86	2	8	246
University of California Medical Center							
University Hospital [1-2]	Los Angeles	W. E. Goodwin	485	10	1	4	220
Veterans Admin. Hospital [1-2]	Los Angeles	W. Goodwin	1,276	66	2	7	...
Harbor General Hospital [1]	Torrance, Calif.	M. Ellik	301	6	1	4	246
College of Medical Evangelists Affiliated Hospitals							
White Memorial Hospital [1-2-3-4]	Los Angeles	R. W. Barnes	432	4	1	3	215
Presbyterian Hospital—Olmsted Memorial [1-2-3]	Los Angeles	C. Rusche	1,108	5	1	1	200
Highland-Alameda County Hospital [1-2]	Oakland, Calif.	H. Kay	504	8	1	2	200
San Diego County General Hospital [1-2]	San Diego, Calif.	E. Le Duc	318	9	1	3	250
Southern Pacific General Hospital [1-2]	San Francisco	T. E. Gibson	454	3	1	2	175
Stanford University Hospitals							
San Francisco Hospital (Stanford University Service) [1]	San Francisco	W. A. Sumner	294	8	1	2	205
Stanford University Hospital [1-2]	San Francisco	H. Weyrauch	433	3	1	2	160
University of California Hospitals							
Franklin Hospital [1]	San Francisco	J. Schulte	308	4	..	..	...
San Francisco Hospital (University of California Service) [1]	San Francisco	S. Olsen	294	9	1	2	205
University of California Hospital [1]	San Francisco	D. R. Smith	526	10	2	6	231
Santa Clara County Hospital [1-2]	San Jose, Calif.	L. J. Pingree	319	14	..	1	160
Veterans Admin. Hospital [1-2-3]	San Francisco	H. M. Weyrauch-D. R. Smith	300	14	1	3	...
University of Colorado Medical Center							
Colorado General Hospital [1-2]	Denver	D. E. Newland	329	5	1	3	180
Denver General Hospital [1-2]	Denver	D. E. Newland	277	10	..	..	179
Veterans Admin. Hospital [1-2]	Denver	O. G. Stonington	361	14	..	1	...
Grace-New Haven Community Hospital [1-2]	New Haven, Conn.	B. M. Harvard	168	10	..	3	140
Veterans Admin. Hospital [1-2]	West Haven, Conn.	J. F. Walsh	444	5	..	1	...
Waterbury Hospital [1]	Waterbury, Conn.	C. H. Neuswanger	603	1	1	2	225
Delaware Hospital [1-2]	Wilmington, Del.	R. S. Vallett	567	15	1	3	220
District of Columbia General Hospital [1-2]	Washington, D. C.	R. Baker-L. Culbertson	179	6	1	3	188
Veterans Admin. Hospital [1-2-115]							
Georgetown University Hospital [1-2]	Washington, D. C.	J. G. Lee-R. Baker	682	11	..	4	210
Duval Medical Center [1-2]							
St. Vincent's Hospital [1]	Jacksonville, Fla.	W. A. Van Nortwick	1,697	17	1	3	175
Jackson Memorial Hospital [1-2]	Miami, Fla.	G. Prout	860	25	2	6	75
Orange Memorial Hospital [1]	Orlando, Fla.	F. J. Pyle	1,382	20	1	3	235
Grady Memorial Hospital [1]	Atlanta, Ga.	M. K. Bailey	572	8	2	6	125
St. Joseph's Infirmary [1-2]	Atlanta, Ga.	H. P. McDonald	995	4	1	3	170
Veterans Admin. Hospital [1-2-125]	Atlanta, Ga.	E. Haltiwanger	308	2	1	3	...
Medical College of Georgia Hospitals							
Eugene Talmadge Memorial Hospital [1-2]	Augusta, Ga.	R. Rinker	207	7	2	4	250
University Hospital [1]	Augusta, Ga.	W. Lucas	631	5	..	1	200
Memorial Hospital of Chatham County [1-2]	Savannah, Ga.	C. L. Prince	498	7	1	3	250
Cook County Hospital	Chicago	W. J. Baker	1,780	26	2	4	140
Mercy Hospital [1-2]	Chicago	H. E. Landes	892	6	1	2	200
Michael Reese Hospital [1-2]	Chicago	I. Shapiro	914	11	1	3	125
Mount Sinai Hospital [1-2]	Chicago	L. A. Maskow	533	1	1	3	225
Northwestern University Medical Center		V. J. O'Conor	...	...	..	..	...
Chicago Wesley Memorial Hospital [1-2]	Chicago	...	792	7	1	2	125
Veterans Admin. Research Hospital [1-2]	Chicago	...	432	6	..	1	...
Presbyterian-St. Luke's Hospital							
Presbyterian Hospital Division [1-2]	Chicago	N. J. Heckel	629	7	1	3	125
St. Luke's Hospital Division [1-2]	Chicago	T. P. Grauer	755	12	1	1	125
University of Chicago Clinics [1-2]	Chicago	C. W. Vermeulen	605	27	1	4	200
University of Illinois Research and Educational Hospitals [1-2]	Chicago	J. H. Kiefer	383	16	..	1	140
Veterans Admin. Hospital [1-2-159]	Hines, Ill.	F. Lloyd	592	20	4	6	...

Numerical and other references will be found on pages 640 through 642.

28. UROLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [5]	Beginning Stipend (Month)
Indiana University Medical Center			...	...	2	6	...
Indianapolis General Hospital [1-2]	Indianapolis	R. D. Howell	334	6	..	..	295
Indiana University Medical Center Hospital [1-201]	Indianapolis	R. Garrett	335	11	..	..	165
Veterans Admin. Hospital [1-2]	Indianapolis	E. Rupel	375	108	..	..	...
Methodist Hospital [1]	Indianapolis	M. Nourse	2,170	15	1	2	278
Veterans Admin. Hospital [1-2-17-202]	Des Moines, Iowa	L. J. Arduino	926	18	1	3	...
State University of Iowa Hospitals [1-2]	Iowa City	R. H. Flocks	2,063	30	3	9	175
University of Kansas Medical Center							
University Hospital [1-2]	Kansas City, Kan.	W. Valk	841	6	2	6	125
Veterans Admin. Hospital [1-2]	Kansas City, Mo.		220	9	..	..	...
St. Joseph Hospital [2]—Good Samaritan Hospital [1-2]	Lexington, Ky.	E. H. Ray	660	4	1	3	220
University of Louisville Medical Center							
Louisville General Hospital [1-2]	Louisville, Ky.	R. Lieb, Jr.	288	7	1	3	105
Veterans Admin. Hospital [1-2]	Louisville, Ky.	H. I. Berman	305	6	..	1	...
Charity Hospital of Louisiana							
Independent Unit [1]	New Orleans	H. L. Zengel, Jr.	502	9	1	3	100
Louisiana State University Unit [1]	New Orleans	H. T. Beacham	970	14	2	6	100
Tulane University Unit [1]	New Orleans	E. Burns	1,371	26	3	7	100
Ochsner Foundation Hospital [1-2-121]	New Orleans	E. Burns	534	2	1	3	225
Veterans Admin. Hospital [1-2-10]	New Orleans	E. Burns	405	12	1	2	...
Touro Infirmary [1-10]	New Orleans	G. C. Tomskey	923	8	1	1	125
Confederate Memorial Medical Center [1]	Shreveport, La.	R. K. Womack	1,124	8	1	4	125
Johns Hopkins Hospital [1-2-185]	Baltimore	W. W. Scott	1,097	12	4	7	160
Sinai Hospital [1-2-15]	Baltimore	B. S. Abeshouse	631	11	2	5	110
Fordham Hospital [1-2-49]	New York City	L. V. Smiley	225	9	..	..	105
University Hospital [1]	Baltimore	J. D. Young	871	10	2	6	75
Veterans Admin. Hospital [1-2]	Fort Howard, Md.	H. J. Meisel	160	4	..	1	...
Beth Israel Hospital [1-2]	Boston	G. Prather	398	4	1	2	167
Boston City Hospital [1-2]	Boston	F. G. Sheldan, Jr.	610	9	..	5	192
Massachusetts General Hospital [1-2]	Boston	W. F. Leadbetter	1,689	...	1	3	67
Massachusetts Memorial Hospitals [1-2-175]	Boston	D. B. Stearns	378	2	1	3	175
New England Center Hospital [1-2]	Boston				..	..	...
Peter Bent Brigham Hospital [1-2-11]	Boston	J. H. Harrison	Incl. in Surgery		..	3	62
Veterans Admin. Hospital [1-2-11]	West Roxbury, Mass.	H. S. Talbot	248	2	2	3	...
Veterans Admin. Hospital [1-2-151]	Boston (Jamaica Plain)	R. Chute	869	13	1	3	...
University Hospital [1-2-191]	Ann Arbor, Mich.	R. M. Nesbit	1,267	7	3	9	195
Grace Hospital [1-2]	Detroit	M. N. Stewart	1,371	5	1	3	275
Harper Hospital [1-2]	Detroit	F. B. Bicknell	1,505	12	1	3	300
Henry Ford Hospital [1-2]	Detroit	A. W. Bohne	983	6	2	6	250
Receiving Hospital [1-2]	Detroit	D. J. Jaffar	764	17	2	6	303
Wayne County General Hospital and Infirmary [1-2]	Eloise, Mich.	W. L. Sherman	441	19	..	3	286
Minneapolis General Hospital-St. Mary's Hospital	Minneapolis	T. H. Sweetser, Sr.	1,429	20	1	5	220
University of Minnesota Hospitals [1-2-208]	Minneapolis	C. D. Creevy	814	12	1	3	300
Veterans Admin. Hospital [1-2]	Minneapolis	C. D. Creevy	321	19	..	3	...
Mayo Foundation	Rochester, Minn.	G. J. Thompson	3,185	19	5	20	175
Ancker Hospital [1-2]—Charles T. Miller Hospital [1-2]	St. Paul	F. E. B. Foley-R. J. McGroarty	927	20	1	4	220
University of Mississippi Medical Center							
University Hospital [1]	Jackson, Miss.	T. Ainsworth	269	..	1	3	250
Veterans Admin. Hospital [1-2]	Jackson, Miss.	S. A. Sabatini	300	4	..	..	...
Kansas City General Hospital No. 1 [1-2]	Kansas City, Mo.	A. L. Stockwell	309	9	1	3	300
Barnes Hospital [1-2]	St. Louis	J. J. Cordonnier	1,146	11	2	6	75
Homer G. Phillips Hospital [1-2]	St. Louis	M. Abrams	305	10	..	6	225
Missouri Pacific Hospital [2]	St. Louis	A. E. Vitt	527	4	1	3	300
St. Louis City Hospital [1-2]	St. Louis	C. A. Wattenberg-W. P. Melick	334	23	1	4	234
St. Mary's Group of Hospitals [1-2]	St. Louis	C. E. Burford	717	10	1	3	100
Veterans Admin. Hospital [1-2]	St. Louis	J. P. Altheide	383	5	1	3	...
Dartmouth Medical School Affiliated Hospitals		W. L. McLaughlin	922	8	1	3	218
Mary Hitchcock Memorial Hospital [1-2]	Hanover, N. H.		.....	...	..	..	...
Veterans Admin. Hospital [1-2]	White River Jct., Vt.		.....	...	..	..	...
Veterans Admin. Hospital [1-2-23]	East Orange, N. J.	M. Malament	539	14	..	2	...
Jersey City Medical Center [2]	Jersey City, N. J.	E. J. Daly	854	2	1	3	145
Bayonne Hospital and Dispensary [1-2]	Bayonne, N. J.	A. J. Balsamo	882	4	1	3	175
Harrison S. Martland Medical Center [1-2]	Newark, N. J.	F. Swichman	390	8	1	3	162
Albany Hospital [1-2]	Albany, N. Y.	W. A. Milner	961	14	1	4	160
Jewish Hospital [1-2]	Brooklyn, N. Y.	A. Segal-P. Katzen	594	1	1	2	100
Kings County Hospital							
Division I [1-2]	Brooklyn, N. Y.	J. J. Bottone	576	19	1	3	105
Division II [1-2]	Brooklyn, N. Y.	F. C. Hamm	650	17	1	3	105
Long Island College Hospital [1-2]	Brooklyn, N. Y.	H. C. Harlin	668	1	..	2	156
Maimonides Hospital [1-2]	Brooklyn, N. Y.	H Hermann	1,045	8	1	4	75
Methodist Hospital [1-2]	Brooklyn, N. Y.	O. P. Schoenemann	772	5	..	1	175
Veterans Admin. Hospital [1-2]	Brooklyn, N. Y.	F. L. Senger	423	15	1	3	...
Buffalo General Hospital [1-2]	Buffalo	O. J. Oberkircher	1,007	6	1	3	175
Roswell Park Memorial Hospital [1-2]	Buffalo	W. Staubitz	293	14	..	2	...
Edard J. Meyer Memorial Hospital [1-2-213]	Buffalo	E. L. Brodie	381	9	1	5	247
Millard Fillmore Hospital [1-2]	Buffalo	P. A. Greco	1,027	15	1	3	165
Elmhurst General Hospital [1-2]	Elmhurst, N. Y.	W. L. F. Ferber	287	5	1	3	105
Meadowbrook Hospital [1-2]	Hempstead, N. Y.	R. M. Bowels	651	27	1	3	225
Queens Hospital Center [1-2]	Jamaica, N. Y.	E. Rubin	568	17	1	3	166
Bellevue Hospital Center							
Div. II—Cornell University [1-2]	New York City	J. Draper	415	14	1	4	165
Div. IV—New York University Post-Graduate Medical School [2-73]	New York City						
Beth Israel Hospital [1-2]	New York City	R. Hotchkiss	1,481	10	3	7	71
Bronx Municipal Hospital Center [1-2]	New York City	H. E. Leiter	927	6	1	3	125
Francis Delafield Hospital [1-2]	New York City	H. R. Newman	307	8	2	5	125
French Hospital [1-2]	New York City	J. K. Lattimer	424	25	2	5	165
Lincoln Hospital [1-2-12]	New York City	J. D. Cooney	545	8	1	3	110
Hackensack Hospital [1-2-12]	Hackensack, N. J.	F. P. Twinem	140	1	..	2	165
Morrisania City Hospital [1-2]	New York City	F. P. Twinem	568	4	1	1	150
Mount Sinai Hospital [1-2]	New York City	H. R. Kenyon	488	13	2	4	165
New York Hospital [1-2]	New York City	G. D. Oppenheimer	1,349	8	3	5	75
New York Medical College—Metropolitan Medical Center		V. Marshall	1,126	..	2	6	185
Metropolitan Hospital [1-2]	New York City	T. J. Kirwin	544	6	1	3	165

Numerical and other references will be found on pages 640 through 642.

19 V.

28. UROLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Autopsies	First Year Residencies Offered [4]	Total Residencies Offered [4]	Beginning Stipend (Month)
New York Polyclinic Medical School and Hospital [1]	New York City	A. Beneventi	740	12	1	3	125
Presbyterian Hospital [1]	New York City	J. K. Lattimer	1,757	30	4	8	200
Roosevelt Hospital [1]	New York City	S. A. Belsler	520	9	1	3	133
St. Clare's Hospital [1-2]	New York City	G. A. Fiedler	287	2	1	3	200
St. Luke's Hospital [1-2]	New York City	J. A. Taylor	531	7	1	3	100
Veterans Admin. Hospital (Bronx) [1-2-212]	New York City	A. C. Dean	987	23	2	5	...
Veterans Admin. Hospital (Manhattan) [1-2]	New York City	A. H. Ulm	422	19	2	6	...
Strong Memorial-Rochester Municipal Hospital [1-2]	Rochester, N. Y.	W. W. Scott	810	..	1	3	117
State University of New York Upstate Medical Center [1-2]	Syracuse, N. Y.	F. O. Harbach	1,250	29	..	3	233
Veterans Admin. Hospital [1-2]	Syracuse, N. Y.	W. L. Farry	372	10	..	1	...
North Carolina Memorial Hospital [1-2]	Chapel Hill, N. C.	P. L. Bunce	208	4	..	1	266
Charlotte Memorial Hospital [1]	Charlotte, N. C.	H. W. McKay	1,410	11	1	3	250
Duke University Affiliated Hospitals		E. P. Alyea	....	..	..	..	117
Duke Hospital [1-2]	Durham, N. C.		633	2	2	6	117
Veterans Admin. Hospital [1-2]	Durham, N. C.		313	5	2	3	...
North Carolina Baptist Hospital [1-2]	Winston-Salem, N. C.	F. K. Garvey	1,008	3	1	4	166
Akron City Hospital [1-2]	Akron, Ohio	E. W. Caulfield	1,012	13	1	3	250
University of Cincinnati College of Medicine Hospital Group							
Cincinnati General Hospital [1-2]	Cincinnati	T. B. Wayman	631	17	2	6	125
Veterans Admin. Hospital [1-2]	Cincinnati	G. Mellinger	205	8	..	1	...
Cleveland Clinic Hospital [1-2]	Cleveland	C. C. Higgins	1,431	9	3	8	175
Cuyahoga County Hospital [1-2]	Cleveland	H. R. Trattner	278	11	..	3	125
Huron Road Hospital [1-2]	Cleveland	V. C. Laughlin	685	5	1	2	210
Western Reserve University Medical School Affiliated Hospitals							
University Hospitals [1-2]	Cleveland	L. Persky	800	4	1	3	150
Veterans Admin. Hospital [1-2]	Cleveland	L. Persky	439	12	1	3	...
Ohio State University Hospitals							
University Hospital [1-2]	Columbus, Ohio	W. N. Taylor	811	14	..	5	200
Veterans Admin. Hospital [1-2]	Dayton, Ohio	E. F. Kelly	277	11	1	2	...
St. Vincent's Hospital [1-2-13]	Toledo, Ohio	E. A. Ockuly	1,109	7	1	4	165
Maumee Valley Hospital [1-2-14]	Toledo, Ohio	E. A. Ockuly	226	7	..	..	...
University of Oklahoma Medical Center		D. W. Branham	....	..	..	..	...
University Hospital [1-2]	Oklahoma City		295	6	1	3	200
Veterans Admin. Hospital [1]	Oklahoma City		201	10	..	1	...
University of Oregon Medical School Hospitals							
University of Oregon Medical School Hospital and Clinics [1-2]	Portland, Ore.	C. V. Hodges	1,124	27	1	4	125
Veterans Admin. Hospital [1-2]	Portland, Ore.	D. P. Pauli	504	12	..	1	...
Hamot Hospital [1-2]	Erie, Pa.	R. C. Lyons	655	8	1	3	250
St. Vincent's Hospital [1-2]	Erie, Pa.	E. Hess	1,041	9	1	3	200
Harrisburg Hospital [1-2]	Harrisburg, Pa.	R. E. Allyn	734	10	1	2	250
Albert Einstein Medical Center [1-2]	Philadelphia	M. Muschat	1,267	11	2	5	125
Episcopal Hospital [1-2]	Philadelphia	G. D. Shoup	400	4	..	2	150
Graduate Hospital of the University of Pennsylvania [1-2-15]	Philadelphia	H. M. Burros	257	4	1	2	100
Mercy Hospital [1-15]	Wilkes-Barre, Pa.	C. N. Burns	403	5	1	1	250
Hahnemann Medical College and Hospital [1-2]	Philadelphia	E. W. Campbell	701	8	1	3	75
Hospital of the University of Pennsylvania [1-2]	Philadelphia	B. Hughes	956	9	1	4	125
Jefferson Medical College Hospital [1-2]	Philadelphia	T. R. Fetter	1,271	7	1	4	100
Pennsylvania Hospital [1-2]	Philadelphia	L. B. Greene	555	6	2	2	30
Philadelphia General Hospital [1-2]	Philadelphia	L. McCrea	431	9	2	5	121
Temple University Hospital [1-2]	Philadelphia	K. B. Conger	764	8	1	3	...
Veterans Admin. Hospital [1-2]	Philadelphia	O. Serlin	318	11	..	2	...
Allegheny General Hospital [1]	Pittsburgh	J. L. Hamilton	679	8	1	1	200
Mercy Hospital [1-2]	Pittsburgh	C. C. Altman	573	1	1	1	225
Health Center Hospitals of the University of Pittsburgh School of Medicine [1-2]	Pittsburgh	J. J. Lee	561	9	1	4	125
Veterans Admin. Hospital [1-2]	Pittsburgh	C. A. Kuehn	702	15	1	4	...
Robert Packer Hospital [1-2]	Sayre, Pa.	W. Baurys	773	9	1	1	225
Wilkes-Barre General Hospital [1-2]	Wilkes-Barre, Pa.	W. J. Daw	788	8	1	2	225
Rhode Island Hospital [1-2]	Providence, R. I.	E. K. Landsteiner	1,309	12	1	2	125
Teaching Hospitals of the Medical College of South Carolina	Charleston, S. C.	P. W. Sanders, Jr.	772	4	1	3	137
Medical College Hospital			....	..	..	..	...
Roper Hospital			....	..	..	..	...
City of Memphis Hospitals [1-2-16]	Memphis, Tenn.	S. Raines	761	8	3	6	150
Baptist Memorial Hospital [1-2-16-18]	Memphis, Tenn.	R. F. Mayer	1,200	9	..	1	200
Veterans Admin. Hospital [1-2]	Memphis, Tenn.	W. H. Walker	1,031	10	..	2	...
George W. Hubbard Hospital [1-2]	Nashville, Tenn.	D. Y. Bradley	....	..	..	..	...
Vanderbilt University Hospital [1-2]	Nashville, Tenn.	A. P. Harris	273	4	1	1	50
Parkland Memorial Hospital [1-2-255]	Dallas, Texas	H. M. Spence	467	6	1	4	150
Veterans Admin. Hospital [1-2-255-256]	Dallas, Texas	P. A. Duff	573	15	1	2	...
University of Texas Medical Branch Hospitals [1-2]	Galveston, Texas	C. A. Hooks	580	6	1	3	160
Baylor University College of Medicine Affiliated Hospitals							
Jefferson Davis Hospital [1-2]	Houston, Texas	A. J. Leader	350	14	1	3	75
Methodist Hospital [1-2]	Houston, Texas	M. K. O'Heeron	106	..	..	..	220
St. Joseph's Hospital [1-2]	Houston, Texas	M. K. O'Heeron	733	3	1	1	220
St. Luke's Episcopal Hospital [1-2]	Houston, Texas	T. H. Guthrie	2,256	7	2	2	220
Texas Children's Hospital [1-2]	Houston, Texas	T. H. Guthrie	597	1	..	..	...
Veterans Admin. Hospital [1-2]	Houston, Texas	A. J. Leader	566	16	2	6	...
Hermann Hospital [1-2-257]	Houston, Texas	C. M. Crigler	1,804	8	1	4	125
University of Vermont Affiliated Hospitals							
De Goesbriand Memorial Hospital	Burlington, Vt.	P. Powell	287	91	1	3	167
Mary Fletcher Hospital [1-2]	Burlington, Vt.	P. Powell	397	7	1	4	100
University of Virginia Hospital [1-2]	Charlottesville, Va.	H. Warren	616	6	1	4	50
Memorial Hospital	Danville, Va.	R. R. Landes	876	8	1	3	...
Medical College of Virginia—Hospital Division [1-2]	Richmond, Va.	A. L. Dodson	829	9	1	3	100
Veterans Admin. Hospital [1-2]	Richmond, Va.	R. C. Bunts	1,310	15	1	4	...
King County Hospital Unit No. 1 (Harborview) [1-17]	Seattle	D. F. McDonald	416	15	1	3	125
Veterans Admin. Hospital [1-2-17]	Seattle	D. F. McDonald	206	7	1	1	...
Madison General Hospital [1-2]	Madison, Wis.	A. P. Schoenenberger	902	7	1	1	175
University Hospitals [1-2]	Madison, Wis.	H. B. Wear	610	9	2	3	160
Milwaukee County Hospital [1-2]	Milwaukee, Wis.	R. S. Irwin	1,511	17	..	2	207
Veterans Admin. Hospital [1-2]	Milwaukee (Wood), Wis.	R. S. Irwin	830	31	2	4	...
San Juan City Hospital [1-2]	San Juan, P. R.	L. A. Sanjurjo	301	..	1	2	225

Numerical and other references will be found on pages 640 through 642.

NUMERICAL AND OTHER REFERENCES.

1. Appointments available to women applicants.
2. Appointments available to women applicants only.
3. Appointments available to graduates of foreign medical schools.
4. Training at the third year level only.
5. May include one year fellowships in the Department of Cardiology.
6. May include one year of training at Cook County Hospital, Chicago, by special arrangement.
7. May include one year of surgical research at Louisiana State University School of Medicine.
8. Includes fellowships.
9. In addition to three intramural years at White Memorial Hospital, coordinated three year program: White Memorial Hospital affords two years, Presbyterian Hospital-Olmstead Memorial Hospital one year. Residents should apply to White Memorial Hospital.
10. In addition to three intramural years at Veterans Administration Hospital, coordinated three year program: Touro Infirmary affords one year, Veterans Administration Hospital final two years. Residents should apply to Veterans Administration Hospital.
11. Coordinated three year program: Peter Bent Brigham Hospital affords two years, Veterans Administration Hospital, West Roxbury, Mass., one year. Residents should apply to Peter Bent Brigham Hospital.
12. In addition to three intramural years at Lincoln Hospital, coordinated three year program: Lincoln Hospital affords two years, Rockenack Hospital one year. Residents should apply to Lincoln Hospital.
13. Approved Category I. Residents interested should consult J. A. M. A., vol. 168, No. 5, pp. 674-678, Oct. 4, 1958.
14. Coordinated three year program: St. Vincent's Hospital affords two years, Maumee Valley Hospital, one year. Residents should apply to St. Vincent's Hospital.
15. In addition to three intramural years at Graduate Hospital of the University of Pennsylvania, coordinated three year program: Graduate Hospital affords two years, final year at Mercy Hospital. Residents should apply to Graduate Hospital.
16. In addition to three intramural years at City of Memphis Hospitals, coordinated three year program: City of Memphis Hospitals affords two years, Baptist Memorial Hospital one year. Residents should apply to City of Memphis Hospitals.
17. In addition to three intramural years at King County Hospital, Unit No. 1 (Harborview); coordinated three year program: King County Hospital affords two years, final year at Veterans Admin. Hospital, Seattle. Residents should apply to King County Hospital.
18. Training limited to Contagious Diseases.
19. In addition to three years in Internal Medicine, one year of training in Hematology is available.
20. Also includes affiliating training at the Veterans Administration Hospital, Boston (Jamaica Plain), Mass.
21. Combined integrated program—Bellevue Div. II (Cornell and Memorial Cancer Center.)
22. Training in pediatric psychiatry (third year level).
23. To include one year of affiliate training at the second year level at the University Hospitals (Lakeside) Cleveland.
24. This one year of training is equivalent to one year of basic science as a part of an approved three year program.
25. One year of clinical investigation available.
26. An additional one year of fellowship training in cardio-pulmonary laboratory is available.
27. Includes one year of training at Veterans Administration Hospital, Iowa City.
28. Provides training at the third year level, affiliate training with University of Minnesota Hospitals, Minneapolis.
29. Approved for affiliate training only.
30. Obstetrical and Gynecological pathology only.
31. Special pathology as a part of pathologic anatomy. See Board requirements
32. Approved Category P. Residents interested should consult J. A. M. A., vol. 168, No. 5, p. 674-678, Oct. 4, 1958.
33. LaRabida Sanitarium, Lewis Memorial Maternity Hospital, Municipal Contagious Disease Hospital, St. Joseph Hospital, St. Vincent's Hospital, Chicago.
34. Methodist Hospital and St. Francis Hospital Divisions.
35. Affiliate rotation at Yale-New Haven Medical Center, Grace-New Haven Community Hospital.
36. Six months of training is afforded at University Hospitals, Iowa City.
37. Offer training at the third year level only.
38. In addition to the three year program at Bellevue Medical Center, Division I, another program has been approved for two years of training which includes rotation on the following services:
Columbia University Division and Medical Chest Service, Bellevue Hospital,
Columbia Research Division, Goldwater Memorial Hospital, Medical service, Francis Delafield Hospital.
39. Includes one year of training at Parkland Memorial Hospital, Dallas, Texas.
40. Approved for training at the first year level.
41. Previous internship not required.
42. Approved Category R. Residents interested should consult J. A. M. A., vol. 168, No. 5, pp. 674-678, Oct. 4, 1958.
43. Approved Category J. Residents interested should consult J. A. M. A., Vol. 168, No. 5, pp. 674-678, Oct. 4, 1958.
44. Includes one year fellowship in the cardiopulmonary laboratory.
45. Provides one year of training at third year level as part of three-year program at City of Memphis Hospitals.
46. Includes one year of training at State University of Iowa Hospitals, Iowa City.
47. One year of approved resident training in Pulmonary Diseases is offered at each the University of Kansas Medical Center, Kansas City, Kan., and the Veterans Admin. Hospital, Kansas City, Mo.
48. In addition to three intramural years at Sinai Hospital, Baltimore, coordinated three-year program: Sinai Hospital affords first two years, Fordham Hospital one year (third yr.). Residents should apply to Sinai Hospital.
49. Coordinated three-year program: Bayonne Hospital and Dispensary affords two years; Jersey City Medical Center, Jersey City, one year. Residents should apply to Bayonne Hospital and Dispensary.
50. Medical College of Alabama Hospitals, Birmingham, Ala.
51. Mount Sinai Hospital, Los Angeles.
52. Stanford University Hospitals, San Francisco.
53. Valley Children's Hospital, Fresno, Calif.
54. Harbor General Hospital, Torrance, Calif.
55. Children's Hospital, Los Angeles.
56. Seaside Memorial Hospital, Long Beach, Calif.
57. Veterans Admin. Mental Hygiene Clinic, Los Angeles.
58. Los Angeles County Hospital, Los Angeles.
59. Rancho Los Amigos, Hondo, Calif.
60. Children's Hospital, Los Angeles; Olive View Sanatorium, Olive View, Calif.
61. City of Hope Med. Center, Duarte, Calif.
62. Metropolitan State Hospital, Norwalk, Calif.
63. Vet. Admin. Hospital, Los Angeles.
Vet. Admin. Hospital, Sepulveda, Calif.
64. Veterans Admin. Hospital, Los Angeles.
65. Huntington Memorial Hospital, Pasadena, Calif.
66. Rose Davis Clinic for Child Guidance, Los Angeles.
67. Glendale Sanitarium & Hospital, Glendale, Calif.
68. Children's Hospital, Hollywood Presbyterian Hospital, Los Angeles.
69. Pacific State Hospital, Pomona, Calif.
70. Pasadena Child Guidance Clinic, Pasadena, Calif.
71. Fairmont-Alameda County Hospital,
Samuel Merritt Hospital, Oakland, Calif.
72. Samuel Merritt Hospital, Oakland, Calif.
73. Cowell Hospital, State Mental Hygiene Clinic, Berkeley, Calif.; Children's Hospital, Langley Porter Clinic, Mount Zion Hospital, Stanford University Hospital, Veterans Admin. Hospital, Veterans Regional Office Mental Hygiene Clinic, San Francisco.
74. California Babies and Children's Hospital, California Hospital, Los Angeles.
75. Berkeley State Mental Hygiene Clinic,
Cowell Memorial Hospital, Berkeley, Calif.
Child Guidance Clinic, Children's Hospital,
San Francisco City & County Hospital, San Francisco.
76. San Mateo Community Hospital, San Mateo, Calif.
77. Santa Clara County Hospital, San Jose, Calif.
78. San Francisco Hospital, San Francisco.
79. San Francisco Hospital, Southern Pacific Hospital, San Francisco; Santa Clara County Hospital, San Jose, Calif.
80. Franklin Hospital, Veterans Admin. Hospital, San Francisco.
81. Berkeley State Mental Hygiene Clinic,
Cowell Memorial Hospital, Berkeley, Calif.;
Child Guidance Clinic-Children's Hospital,
San Francisco Hospital, San Francisco.
82. Franklin Hospital,
San Francisco Hospital, San Francisco;
Mills Memorial Hospital, San Mateo, Calif.
83. Langley Porter Clinic, San Francisco.
84. San Francisco Hospital, San Francisco;
Santa Clara County Hospital, San Jose, Calif.
85. University of California Hospitals, San Francisco.
86. Stanford University Hospitals,
University of California Hospitals, San Francisco.
87. St. Luke's Hospital, San Francisco.
88. Highland-Alameda County Hospital, Oakland, Calif.
89. Santa Berbara General Hospital, Santa Barbara, Calif.
90. University of California Hospital, Los Angeles.
91. Colorado State Hospital, Pueblo, Colo.
92. University of Colorado Medical Center, Denver.
93. Children's Hospital, Denver.
94. Denver General Hospital, Denver.
95. Colorado Psychopathic Hospital,
Denver General Hospital, Denver.
96. Children's Hospital, Colorado General Hospital,
Denver General Hospital, General Rose Hospital, Denver.
97. Children's Hospital,
St. Luke's Hospital, Denver.
98. Parkview Hospital, Pueblo, Colo.
99. St. Mary-Corwin Hospital, Pueblo, Colo.
100. J. J. McCook Mem'l Hospital, Hartford, Conn.; Newington Home for Crippled Children, Veterans Admin. Hospital, Newington, Conn.; Beverly Hospital, Beverly, Mass., Holyoke Hospital, Holyoke, Mass.
101. Cedarcrest State T.B. Sanatorium, Veterans Admin. Hospital, Newington, Conn.
102. Cedarcrest State T.B. Sanatorium, Newington, Conn.; Uncas on Thames State T.B. Sanitorium, Norwich, Conn.; Day-Kimball Hospital, Putnam, Conn.; Johnson Mem'l Hospital, Stafford Springs, Conn.
103. Veterans Admin. Hospital, Newington, Conn.
104. Veterans Admin. Hospital, Newington, Conn.; State Veterans Home and Hospital, Rocky Hill, Conn.; Memorial Hospital, New York City.
105. Veterans Admin. Hospital, West Haven, Conn.; Windham Community Memorial Hospital, Willimantic, Conn.
106. Southbury Training School, Southbury, Conn.
107. Hartford Hospital, Hartford, Conn.
108. Veterans Admin. Hospital, West Haven, Conn.
109. Laurel Heights Sanitorium, Shelton, Conn.
110. Grace-New Haven Community Hospital, New Haven, Conn.
111. Hospital for the Women of Maryland, Baltimore, Md.
112. Childrens' Hospital, Armed Forces Institute of Pathology, D. C. General Hospital, Washington, D. C.

113. D. C. General Hospital, Veterans Admin. Hospital, Washington, D. C.
114. Arlington Hospital, Arlington, Va.
115. D. C. General Hospital, Washington, D. C.
116. Columbia Hospital, Georgetown University Hospital, George Washington University Hospital, Washington, D. C.; Naval Medical Center, Bethesda, Md.
117. Georgetown University Hospital, George Washington University Hospital, Walter Reed Hospital, Washington, D. C.; Naval Medical Center, Bethesda, Md.
118. Children's Hospital, Georgetown University Hospital, Washington, D. C.
119. Armed Forces Institute of Pathology, Georgetown University Hospital, George Washington University Hospital, Washington, D. C.
120. Children's Hospital, Washington, D. C.
121. Armed Forces Institute of Pathology, Children's Hospital, Washington, D. C.
122. Emory University Hospital, Grady Memorial Hospital, Atlanta, Ga.
123. Grady Memorial Hospital, Atlanta, Ga.
124. Emory University Hospital, Emory University, Ga.
125. Chicago Wesley Memorial Hospital, Chicago.
126. Mercy Hospital, St. Anne's Hospital, Chicago.
127. Municipal T.B. Sanitarium, Chicago.
128. Lewis Memorial Hospital, Chicago.
129. Chicago State Hospital, Cook County Hospital, Loretto Hospital, Chicago; Veterans Admin. Hospital, Hines, Ill.
130. Veterans Admin. Hospital, Hines, Ill.
131. St. Luke's Hospital, Chicago.
132. Cook County Hospital, St. Luke's Hospital, Chicago.
133. Cook County Hospital, Chicago.
134. Henrotin Hospital, Chicago.
135. Mercy Hospital, Chicago.
136. Children's Memorial Hospital, Institute for Juvenile Research, Passavant Hospital, Chicago Wesley Memorial Hospital, Veterans Admin. Research Hospital, Chicago.
137. Presbyterian Hospital, Chicago.
138. Veterans Admin. West Side Hospital, Chicago.
139. Methodist Hospital, Peoria, Ill.
140. Silver Cross Hospital, Joliet, Ill.
141. Indiana University Medical Center, Indianapolis.
142. Broadlawns Polk County Hospital, Des Moines, Iowa.
143. Blank Mem'l Hospital, Des Moines, Ia.
144. Boys' Industrial School, Kansas Treatment Center for Children, Menninger Foundation, Shawnee Guidance Center, Topeka State Hospital, Topeka, Kan.
145. Children's Mercy Hospital, St. Luke's Hospital, Vet. Admin. Hospital, Kansas City, Mo.
146. Children's Mercy Hospital, St. Luke's Hospital, Kansas City, Mo.
147. Univ. of Kansas Medical Center, Kansas City, Kansas; Vet. Admin. Hospital, Kansas City, Mo.
148. Louisville Child Guidance Clinic, Louisville, Ky.
149. Louisville General Hospital, Louisville, Ky.
150. Kentucky Baptist Hospital, Louisville, Ky.
151. Huey P. Long Charity Hospital, Pineville, La.
152. Sallie E. Kemp Charity Hospital, Independence, La.; E. A. Conway Memorial Hospital, Monroe, La.; Huey P. Long Charity Hospital, Pineville, La.
153. Charity Hospital (Tulane Service) Crippled Children's Hospital, New Orleans.
154. E. A. Conway Memorial Hospital, Monroe, La.
155. Charity Hospital, (Tulane Service) New Orleans.
156. Charity Hospital, LSU Unit, New Orleans.
157. Charity Hospital, Independence, La.
158. Touro Infirmary, New Orleans.
159. Charity Hospital, LSU and Tulane Units, New Orleans.
160. Augusta State Hospital, Augusta, Maine, Redington Memorial Hospital, Skowhegan, Maine, Thayer Hospital, Waterville, Maine.
161. University Hospital, Baltimore.
162. Johns Hopkins Hospital, Baltimore.
163. Hospital for the Women of Maryland, Baltimore.
164. Baltimore City Hospitals, Baltimore.
165. Inlow Clinic, Shelbyville, Ind.
166. Johns Hopkins Hospital, Kanner's Clinic, Harriet Lane Home, Baltimore.
167. Peninsula General Hospital, Salisbury, Md.
168. Douglas Thom Children's Clinic, James Jackson Putnam Children's Center, Massachusetts Gen'l Hospital-Children's Neuropsychiatric Clinic, Veterans Admin. Hospital, Veterans Admin. Mental Hygiene Clinic, Boston.
169. Soldiers' Home, Chelsea, Mass.
170. Faulkner Hospital, Boston.
171. Veterans Admin. Hospital (Jamaica Plain) Boston.
172. Lemuel Shattuck Hospital, Boston.
173. Boston City Hospital, Sanatorial Divn. of Boston City Hospital, Boston; Vet. Admin. Hospital, Providence, R. I.
174. Boston City Hospital, Boston.
175. Lynn Hospital, Lynn, Mass.
176. Boston State Hospital, Psychopathic Hospital, Boston; Metropolitan State Hospital, Waltham, Mass.; Worcester State Hospital, Worcester, Mass.
177. Children's Hospital, Boston; Veterans Admin. Hospital, West Roxbury, Mass.
178. Children's Hospital, New England Deaconess Hospital, Boston; Pondville Hospital, Walpole, Mass.
179. Veterans Admin. Hospital, West Roxbury, Mass.
180. Boston City Hospital, Boston. Soldiers' Home, Chelsea, Mass.
181. Evans Memorial Hospital, Haynes Memorial Hospital, Massachusetts General Hospital, Boston.
182. Douglas A. Thom Clinic, Harvard College Student Health Services, James Jackson Putnam Children's Center, Massachusetts General Hospital, Children's Psychiatric Clinic, Veterans Admin. Mental Hygiene Service, Boston.
183. Lemuel Shattuck Hospital, Massachusetts General Hospital, Boston.
184. Massachusetts General Hospital, Boston.
185. Faulkner Hospital, Lemuel Shattuck Hospital, Boston.
186. Beth Israel Hospital, Carney Hospital, St. Elizabeth's Hospital, Boston; Newton-Wellesley Hospital, Newton, Mass.
187. Freedman's Hospital, Washington, D. C.; Carney Hospital, St. Elizabeth's Hospital, Boston.
188. Fall River General Hospital, Fall River, Mass.
189. Newport Hospital, Newport, R. I.
190. Boston City Hospital, Boston. Brockton Hospital, Brockton, Mass.
191. Veterans Admin. Hospital, Ann Arbor, Mich.
192. Children's Hospital, Detroit Receiving Hospital, Detroit, Wayne County General Hospital, Eloise, Mich.
193. Detroit Receiving Hospital, Detroit.
194. Children's Hospital, Detroit Memorial Hospital, Detroit Receiving Hospital, Herman Kiefer Hospital, Women's Hospital, Detroit.
195. Detroit Memorial Hospital, Detroit Receiving Hospital, Women's Hospital, Detroit.
196. Veterans Admin. Hospital, Dearborn, Mich.; Detroit Receiving Hospital, Detroit.
197. Oakwood Hospital, Detroit.
198. Children's Hospital, Detroit.
199. Children's Hospital, Herman Kiefer Hospital, Lafayette Clinic, Detroit.
200. Detroit Memorial Hospital, Detroit.
201. Veterans Admin. Hospital, Dearborn, Mich.
202. Children's Hospital, Detroit.
203. Veterans Admin. Hospital, Dearborn, Mich. Children's Hospital, Detroit.
204. Kalamazoo State Hospital, Kalamazoo, Mich.
205. University Hospitals, Ann Arbor, Mich.
206. Veterans Admin. Hospital, Minneapolis.
207. Minneapolis General Hospital, Minneapolis.
208. Chas. T. Miller Hospital, Ancker Hospital, St. Joseph's Hospital, St. Paul; Grand Forks General Hospital, Grand Forks, North Dakota.
209. Anoka State Hospital, Anoka, Minn., Minneapolis General Hospital, Minneapolis.
210. Minneapolis General Hospital, Veterans Admin. Hospital, Minneapolis; Ancker Hospital, St. Paul.
211. Veterans Admin. Hospital, Minneapolis. Ancker Hospital, St. Paul
212. Minneapolis General Hospital, Mount Sinai Hospital, Minneapolis; Ancker Hospital, St. Paul.
213. Minneapolis General Hospital, Mount Sinai Hospital, Veterans Admin. Hospital, Minneapolis.
214. Univ. of Minnesota Hospitals, Minneapolis. Ancker Hospital, St. Paul.
215. Univ. of Minnesota Hospitals, Minneapolis.
216. Chas. T. Miller Hospital, St. Paul.
217. Charity Hospital of Louisiana, New Orleans.
218. Mississippi State Charity Hospital, Vicksburg, Miss.
219. Children's Mercy Hospital, Kansas City, Mo.
220. University of Kansas Medical Center, Kansas City, Kan.
221. Children's Mercy Hospital, Kansas City, Mo.
222. St. Louis Maternity Hospital, St. Louis.
223. Koch Hospital, Koch, Mo.; Barnes Hospital, Vet. Admin. Hospital, St. Louis.
224. St. Louis Maternity Hospital, St. Mary's Hospital, St. Louis.
225. Cardinal Glennon Hospital, St. Louis.
226. Renard Hospital, St. Louis.
227. Cardinal Glennon Hospital, St. Mary's Hospital, St. Louis.
228. Barnes Hospital, St. John's Hospital, St. Louis State Hospital, St. Louis.
229. University of Nebraska Hospitals, Omaha.
230. Bishop Clarkson Hospital, Children's Memorial Hospital, Douglas County Hospital, Nebraska Methodist Hospital, Omaha.
231. Children's Memorial Hospital, Omaha.
232. Lincoln General Hospital, Lincoln, Nebr.; Norfolk State Hospital, Norfolk, Nebr.; Offutt Air Base, Omaha.
233. St. Joseph's Hospital, Omaha.
234. Nebraska Methodist Hospital, University of Nebraska Hospital, Omaha.
235. St. Luke's Hospital, New York City.
236. Francis Delafield Hospital, St. Vincent's Hospital, New York City.
237. Babies Hospital-Colt Memorial, Presbyterian Hospital, St. Michael's Hospital, Newark, N. J.
238. Bellevue Hospital Center, Memorial Hospital for Cancer and Allied Diseases, New York City.
239. Hospital for Crippled Children, Newark, N. J.; Kessler Institute for Rehabilitation, West Orange, N. J.
240. New Jersey State Hospital for Chest Diseases, Glen Gardner, N. J.
241. Bataan Memorial Methodist Memorial Hospital, Bernalillo County-Indian Hospital, Albuquerque, N. Mex.
242. Bernalillo County-Indian Hospital, Albuquerque, N. Mex.
243. Veterans Admin. Hospital, Albany, N. Y.
244. Brady Maternity Hospital, Albany, N. Y.
245. Albany Hospital, Albany, N. Y.
246. Buffalo General Hospital, Children's Hospital, Buffalo.
247. Buffalo Eye & Ear Hospital, Wettlaufer Clinic, Buffalo.
248. Roswell Park Memorial Hospital, Buffalo.
249. Buffalo Hospital, Sisters of Charity Hospital, Roswell Park Memorial Hospital, Buffalo.
250. Buffalo General Hospital, Edw. J. Meyer Memorial Hospital, Millard Fillmore Hospital, Buffalo.
251. Strong Memorial-Rochester Municipal Hospitals, Rochester, N. Y.
252. Presbyterian Hospital, New York City.
253. Queens General Hospital, Jamaica, N. Y.
254. Triboro Hospital, Jamaica, N. Y.
255. Hospital for Joint Diseases, New York City.
256. Utica State Hospital, Utica, N. Y.
257. Payne Whitney Clinic (New York Hospital), New York City.
258. Montefiore Hospital, New York City.
259. Memorial Center for Cancer & Allied Diseases, New York City.

260. University Hospital, Veterans Admin. Hospital (Manhattan), New York City.
261. Triboro Hospital, Jamaica, N. Y.; North Shore Hospital, Manhasset, N. Y.
262. Kings County Hospital, Brooklyn, N. Y.
263. Jewish Hospital, Maimonides Hospital, Brooklyn, N. Y.
264. Long Island College Hospital, Brooklyn, N. Y.
265. Bellevue Medical Center, New York City.
266. Henry Ford Hospital, Detroit; Children's Seashore House, Atlantic City, N. J.; Kessler Institute for Rehabilitation, West Orange, N. J.; Elmhurst General Hospital, Elmhurst, N. Y.; Beekman-Downtown Hospital, Goldwater Memorial Hospital, Hospital for Joint Diseases, Montefiore Hospital, St. Barnabas Hospital, St. Vincent's Hospital, (University Hospital,) Veterans Admin. Hospital (Manhattan), New York City; Grasslands Hospital, Valhalla, N. Y.; New York State Rehabilitation Hospital, West Haverstraw, N. Y.
267. New York Hospital, New York City.
268. Goldwater Memorial Hospital, University Hospital, Veterans Admin. Hospital (Manhattan), New York City.
269. Knickerbocker Hospital, New York City.
270. University Hospital, New York City.
271. Knickerbocker Hospital, University Hospital, Veterans Admin. Hospital (Manhattan), New York City.
272. Central Islip State Hospital, Central Islip, New York; University Hospital, Veterans Admin. Hospital, (Manhattan), New York City.
273. Meadowbrook Hospital, Hempstead, N. Y.; University Hospital, Veterans Admin. Hospital, (Manhattan) New York City.
274. Beekman-Downtown Hospital, Gouvernor Hospital, Manhattan State Hospital, University Hospital, New York City; Easton Hospital, Easton, Pa.
275. St. Vincent's Hospital, New York City.
276. Mount Sinai Hospital, New York City.
277. Bellevue-University Hospital (NYU), New York City.
278. Bellevue Hospital (NYU), New York City Rehabilitation Institute, West Haverstraw, N. Y.
279. Henry Ford Hospital, Detroit; Children's Seashore House, Atlantic City, N. J.; Kessler Institute for Rehabilitation, West Orange, N. J.; Elmhurst General Hospital, Elmhurst, N. Y.; Beekman-Downtown Hospital, Bellevue Medical Center, Goldwater Memorial Hospital, Hospital for Joint Diseases, Montefiore Hospital, St. Barnabas Hospital, St. Vincent's Hospital, Veterans Admin. Hospital, (Manhattan), New York City; Grasslands Hospital, Valhalla, N. Y.; New York State Rehabilitation Hospital, West Haverstraw, N. Y.
280. Margaret Hague Hospital, Jersey City, N. J.
281. Bronx Municipal Hospital, St. Vincent's Hospital, New York City.
282. Veterans Admin. Hospital, Spokane, Wash.
283. Francis Delafield Hospital, Goldwater Memorial Hospital, New York City.
284. Bronx Municipal Hospital, New York City.
285. Knickerbocker Hospital, Memorial Hospital for Cancer & Allied Diseases, St. Luke's Hospital, New York City.
286. New York State Psychiatric Institute, New York City.
287. New York State Psychiatric Institute, Mount Sinai Hospital, New York City.
288. Rochester County Hospital, Rochester State Hospital, Rochester, N. Y.
289. Children's Hospital, Buffalo.
290. New York State Psychiatric Institute, New York City; Strong Memorial Hospital, Rochester, N. Y.
291. Vet. Admin. Hospital, Batavia, N. Y.; Highland Hospital, Rochester, N. Y.
292. Rochester State Hospital, Rochester, N. Y.
293. Genesee Hospital, Rochester, N. Y.
294. St. Michael's Hospital, Newark, N. J.
295. Columbia Presbyterian Medical Center, New York City.
296. Ellis Hospital, Schenectady, N. Y.
297. Margaret Hague Maternity Hospital, Jersey City, N. J.; Lenoir County Hospital, Kingston, N. C.
298. State Hospital, Raleigh, N. C.
299. North Carolina Orthopedic Hospital, Gastonia, N. C.
300. Warm Springs Foundation, Warm Springs, Ga.; Charlotte Memorial Hospital, Charlotte, N. C.; Lincoln Hospital, North Carolina Cerebral Palsy Hospital, Watts Hospital, Durham, N. C.
301. Charity Hospital, New Orleans, La.; Watts Hospital, Durham, N. C.
302. Veterans Admin. Hospital, Durham, N. C.
303. Veterans Admin. Hospital, Watts Hospital, Durham, N. C.; North Carolina Sanitarium, Meta'in, N. C.
304. Western North Carolina Sanitorium, Black Mountain, N. C.
305. City Memorial Hospital, Winston-Salem, N. C.
306. Graylyn Neuropsychiatric Hospital, Winston-Salem, N. C.
307. Childrens Hospital, Akron, Ohio.
308. Veterans Admin. Hospital, Cincinnati.
309. Children's Hospital, Cincinnati.
310. Christ Hospital, Good Samaritan Hospital, Cincinnati.
311. Cincinnati General Hospital, Cincinnati.
312. Longview State Hospital, Cincinnati.
313. University Hospitals, Veterans Admin. Hospital, Cleveland
314. Cleveland Clinic Hospital, Cleveland.
315. Cleveland City Hospital, Cleveland.
316. Veterans Admin. Hospital, Brecksville, Ohio
317. Veterans Admin. Hospital, Brecksville, Ohio, Mount Sinai Hospital, Sunny Acres-Cuyahoga County T.B. Hospital, Cleveland.
318. University Hospitals, Cleveland.
319. Juvenile Diagnostic Center, Columbus Receiving Hospital for Children, Columbus, Ohio.
320. Children's Mental Health Center, Receiving Hospital for Children, Columbus Psychiatric Clinic, Columbus, Ohio.
321. Children's Hospital, Columbus, Ohio.
322. Veterans Admin. Hospital, Dayton, Ohio.
323. Florence Crittenton Home, Columbus, Ohio.
324. James Hospital, Ohio State Penitentiary, Columbus, Ohio.
325. Central State Hospital, Norman Okla.; Veterans Admin. Hospital, Oklahoma City.
326. Mercy Hospital, Oklahoma City.
327. Wesley Hospital, Oklahoma City.
328. Central State Hospital, Norman, Okla.; Mercy Hospital, Veterans Admin Hospital, Oklahoma City.
329. Veterans Admin. Hospital, Oklahoma City.
330. St. Anthony Hospital, Oklahoma City.
331. St. John's Hospital, Tulsa, Okla.
332. University of Oklahoma Hospitals, Oklahoma City
333. University of Oklahoma Hospitals, Wesley Hospitals, Oklahoma City.
334. Veterans Admin. Hospital, Portland, Ore.
335. Children's Orthopedic Hospital, Seattle.
336. Norristown State Hospital, Norristown, Pa.
337. Eastern Pennsylvania Psych. Institute Marriage Council of Philadelphia, St Christopher's Hospital for Children, Temple University Hospital, The Institute of the Pennsylvania Hospital, Univ. of Pennsylvania Hospital (Functional Disease Clinic), Veterans Admin. Hospital, Veterans Admin. Hospital Mental Hygiene Clinic, Wills Eye Hospital, Philadelphia.
338. Eastern Pennsylvania Psychiatric Institute, Philadelphia.
339. Jefferson Hospital, Municipal Hospital, Philadelphia.
340. Philadelphia General Hospital, Philadelphia.
341. Philadelphia Psychiatric Hospital, Philadelphia.
342. St. Christopher's Hospital for Crippled Children, Philadelphia.
343. Shriners Hospital for Crippled Children, Philadelphia
344. Graduate Hospital of the Univ. of Pennsylvania, Philadelphia.
345. Alfred I. du Pont Institute of the Nemours Foundation, Wilmington, Del.
346. Allegheny Gen'l Hospital, Pittsburgh Medical Center, Pittsburgh.
347. Pittsburgh Medical Center, Pittsburgh.
348. Western Psychiatric Institute, Pittsburgh.
349. Allegheny General Hospital, Children's Hospital, Pittsburgh.
350. Children's Medical Center, Boston.
351. Boston City Hospital, Massachusetts Memorial Hospital, Boston.
352. John Gaston Hospital, Memphis, Tenn.
353. Lahey Clinic, Boston, John Gaston Hospital, Memphis, Tenn.
354. Vanderbilt Hospital, Nashville, Tenn.
355. Baylor University Hospital, Children's Medical Center, Dallas, Texas.
356. Children's Medical Center, Gaston Hospital, Parkland Memorial Hospital, Dallas, Texas.
357. Children's Medical Center, Parkland Memorial Hospital, Dallas, Texas.
358. Parkland Memorial Hospital, Dallas, Texas.
359. Univ. of Texas M. D. Anderson Hospital and Tumor Institute, Southern Pacific Hospital, Houston, Texas.
360. Univ. of Texas M. D. Anderson Hospital and Tumor Institute, Houston, Texas.
361. Baylor University Hospital, Texas Children's Hospital, Dallas, Texas.
362. Santa Rosa Hospital, San Antonio, Texas.
363. Baptist Mem'l Hospital, Santa Rosa Hospital, San Antonio, Texas.
364. Salt Lake County General Hospital, Salt Lake City.
365. Holy Cross Hospital, Salt Lake City.
366. Boston Lying-in Hospital, Boston.
367. Children's Medical Center, Boston.
368. Medical College of Virginia, Hospital Division, Richmond, Va.
369. Veterans Admin. Hospital, Wood, Wis.
370. House of Good Shepherd, Mount Sinai Hospital, Milwaukee.
371. Veterans Admin. Hospital, Richmond, Va.
372. Medical College of Virginia-Hospital Division, Richmond, Va.
373. Children's Orthopedic Hospital, Seattle.
374. University Hospitals, Madison, Wis.
375. Madison General Hospital, St. Mary's Hospital, Madison, Wis.
376. Veterans Admin. Hospital, Madison, Wis.
377. Milwaukee County General Hospital, Milwaukee.
378. Milwaukee Children's Hospital, Veterans Admin. Hospital, Milwaukee.
379. Milwaukee Children's Hospital, Milwaukee.
380. Milwaukee Hospital, Milwaukee.
381. Columbia Hospital, Milwaukee.
382. Milwaukee County Gen'l Hospital, Milwaukee County Dispensary, Milwaukee.
383. Milwaukee Child Guidance Clinic, Milwaukee County Hospital, Milwaukee Vet. Admin. Regional Office, Mental Hygiene Clinic, Milwaukee.
384. Milwaukee Children's Hospital, Milwaukee County General Hospital, Milwaukee.
385. University of Chicago Clinics, Chicago; Milwaukee Children's Hospital, Milwaukee Hospital, Milwaukee.
386. St. Francis Hospital, Honolulu, T. H.
387. Leahi Hospital, Honolulu, T. H.
388. Territorial Hospital, Kaneohe, Hawaii.
389. Queen's Hospital, Honolulu, T. H.
390. Veterans Admin. Hospital, 1481 W. Tenth St., Indianapolis.
391. Methodist Hospital, Indianapolis.
392. Jackson-Madison County Hospital, Jackson, Tenn.
393. Baylor University Hospital, Dallas, Texas.
394. Cook County Hospital, Veterans Admin. Research Hospital, Chicago; Veterans Admin. Hospital, Hines, Ill.
395. Stanford University Hospitals, San Francisco.
396. Grace-New Haven Community Hospital, New Haven, Conn.; Newington Home and Hospital for Crippled Children, Newington, Conn.; Southbury Training School, Southbury, Conn.
397. Jackson Memorial Hospital, Miami, Fla.
398. Children's Memorial Hospital, Chicago.
399. Children's Hospital, Philadelphia.
400. Morrisania City Hospital, New York City.
401. Duke Hospital, Durham, N. C.
402. Vanderbilt University Hospital, Nashville, Tenn.
403. City of Memphis Hospital, Memphis, Tenn.
404. Shriners Hospital for Crippled Children.
405. Child Guidance Clinic, Jackson, Miss.
406. Passavant Memorial Hospital, Veterans Administration Research Hospital, Chicago.

APPROVED RESIDENCY TRAINING PROGRAMS

Number of Institutions, 1,276, Number of Programs, 5,367

Name	Location	Approved Residencies
Birmingham Baptist Hospital *	Birmingham, Ala.	Path., Rad.
Carraway Methodist Hospital *	Birmingham, Ala.	Gen'l Pract., Int. Med., Obst., Path., Surg., Urol.
Children's Hospital	Birmingham, Ala.	Ped., Psych.
Crippled Children's Hospital	Birmingham, Ala.	Neur., Ortho. Surg.
University Hospital and Hillman Clinic *	Birmingham, Ala.	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	Birmingham, Ala.	Int. Med., Neur., Ophth., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Urol.
Lloyd Noland Hospital *	Fairfield, Ala.	Anes., Derm., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Surg.
U. S. Air Force Hospital	Maxwell Air Force Base, Ala.	Gen'l Pract.
Mobile County Hospital *	Mobile, Ala.	Int. Med., Ortho. Surg., Path., Ped., Surg.
Veterans Admin. Hospital	Tuskegee, Ala.	Int. Med., Ophth., Psych., Surg.
Good Samaritan Hospital *	Phoenix, Ariz.	Gen'l Pract., Ob.-Gyn., Path., Surg.
Maricopa County General Hospital *	Phoenix, Ariz.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Pul. Dis., Surg.
St. Joseph's Hospital *	Phoenix, Ariz.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
St. Mary's Hospital and Sanatorium *	Tucson, Ariz.	Gen'l Pract., Int. Med., Surg.
Tucson Medical Center *	Tucson, Ariz.	Int. Med., Surg.
Arkansas Baptist Hospital *	Little Rock, Ark.	Ophth., Path., Surg.
Arkansas Children's Hospital	Little Rock, Ark.	Ortho. Surg.
St. Vincent Infirmary *	Little Rock, Ark.	Anes.
University Hospital *	Little Rock, Ark.	Anes., Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Little Rock, Ark.	Int. Med., Path., Surg.
Veterans Admin. Hospital	North Little Rock, Ark.	Path., Psych.
St. Michael's Hospital	Texarkana, Ark.	Gen'l Pract.
Agnews State Hospital	Agnew, Calif.	Psych.
General Hospital of Riverside County *	Arlington, Calif.	Gen'l Pract., Int. Med., Surg.
Kern County General Hospital	Bakersfield, Calif.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Merrick Memorial Hospital *	Berkeley, Calif.	Int. Med., Ob.-Gyn., Path., Psych., Surg.
State of California	Berkeley, Calif.	Pub. Health
St. Joseph Hospital	Burbank, Calif.	Path.
Camarillo State Hospital	Camarillo, Calif.	Psych.
Compton Sanitarium	Compton, Calif.	Psych.
City of Hope Medical Center	Duarte, Calif.	Int. Med., Path., Pul. Dis., Thor. Surg.
U. S. Army Hospital	Ford Ord, Calif.	Pub. Health
San Joaquin General Hospital *	French Camp, Calif.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
General Hospital of Fresno County *	Fresno, Calif.	Int. Med., Ob.-Gyn., Ophth., Ped., Surg.
Glendale Sanitarium and Hospital *	Glendale, Calif.	Int. Med., Ob.-Gyn., Path., Surg.
Napa State Hospital	Imola, Calif.	Psych.
Scripps Clinic & Research Foundation	La Jolla, Calif.	Int. Med.
Loma Linda Sanitarium and Hospital *	Loma Linda, Calif.	Anes., Path.
St. Mary's Long Beach Hospital *	Long Beach, Calif.	Gen. Pract., Path.
Seaside Memorial Hospital *	Long Beach, Calif.	Int. Med., Obst., Path., Ped., Rad., Surg.
Veterans Admin. Hospital	Long Beach, Calif.	Allergy, Card. Dis., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Barlow Sanatorium	Los Angeles	Pul. Dis.
California Babies' and Children's Hospital	Los Angeles	Ped.
California Hospital *	Los Angeles	Ob.-Gyn., Path., Surg.
Cedars of Lebanon Hospital *	Los Angeles	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Children's Hospital *	Los Angeles	Ortho. Surg., Path., Ped.
Hospital of the Good Samaritan *	Los Angeles	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Kaiser Foundation Hospital	Los Angeles	Ob.-Gyn., Urol.
Los Angeles County Hospital *	Los Angeles	Anes., Derm., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Pul. Dis., Rad., Surg., Urol.
Los Angeles Eye and Ear Hospital	Los Angeles	Ophth., Otol.
Mount Sinai Hospital	Los Angeles	Path., Psych.
Orthopedic Hospital	Los Angeles	Ortho. Surg.
Presbyterian Hospital-Olmsted Memorial *	Los Angeles	Int. Med., Ob.-Gyn., Surg., Urol.
Queen of Angels Hospital *	Los Angeles	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
St. Vincent's Hospital *	Los Angeles	Int. Med., Path., Surg.
Santa Fe Coast Lines Hospital *	Los Angeles	Surg.
Shriners Hospital for Crippled Children	Los Angeles	Ortho. Surg.
University of California Hospital *	Los Angeles	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped. Allergy, Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital *	Los Angeles	Anes., Card. Dis., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ophth. Ortho. Surg., Otol., Path., Phy. Med., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
White Memorial Hospital *	Los Angeles	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Orth. Surg., Otol., Path., Ped., Phys. Med., Proct., Rad., Surg., Urol.
Contra Costa County Hospital	Martinez, Calif.	Gen'l Pract.
Stanislaus County Hospital	Modesto, Calif.	Gen'l Pract.
Bret Harte Sanatorium	Murphys, Calif.	Pul. Dis.
Mendtian State Hospital	Norwalk, Calif.	Psych.
Children's Hospital of the East Bay	Oakland, Calif.	Ortho. Surg., Ped.
Highland-Alameda County Hospital *	Oakland, Calif.	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Kaiser Foundation Hospital *	Oakland, Calif.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Surg.
Samuel Merritt Hospital	Oakland, Calif.	Anes., Ortho. Surg., Path., Surg.
U. S. Naval Hospital *	Oakland, Calif.	Anes., Gen'l Pract., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Oakland, Calif.	Int. med., Neur., Path., Phys. Med., Surg.
Orange County General Hospital *	Orange, Calif.	Int. Med.
Veterans Admin. Hospital	Palo Alto, Calif.	Psych.
Collis P. and Howard Huntington Memorial Hosp. *	Pasadena, Calif.	Int. Med., Neuro. Surg., Path., Plas. Surg., Surg.
Patton State Hospital	Patton, Calif.	Psych.
Pacific State Hospital	Pomona, Calif.	Psych.
Sequoia Hospital	Redwood City, Calif.	Path.
Sacramento County Hospital *	Sacramento, Calif.	Gen'l Pract., Path.
Sutter Community Hospital	Sacramento, Calif.	Rad.
Monterey County Hospital	Salinas, Calif.	Gen'l Pract.
San Bernardino County Charity Hospital	San Bernardino, Calif.	Int. Med., Path., Surg.
Donald N. Sharp Memorial Hospital	San Diego, Calif.	Path.
Mercy Hospital *	San Diego, Calif.	Int. Med., Ob.-Gyn., Path., Surg.

* Indicates hospitals approved for training interns.

Name	Location	Approved Residencies
San Diego County General Hospital *	San Diego, Calif.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Pul. Dis., Rad., Surg., Urol.
U. S. Naval Hospital *	San Diego, Calif.	Allergy, Anes., Card. Dis., Derm., Gen'l Pract., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Children's Hospital *	San Francisco	Int. Med., Ob.-Gyn., Ortho. Surg., Otol., Ped., Rad.
Franklin Hospital *	San Francisco	Int. Med., Ortho. Surg., Path., Plas. Surg., Urol.
French Hospital *	San Francisco	Int. Med., Path., Surg.
Headquarters 6th U. S. Army	San Francisco	Pub. Health
Kaiser Foundation Hospital *	San Francisco	Allergy, Anes., Int. Med., Ob.-Gyn., Path., Ped., Psych., Surg.
Langley Porter Neuropsychiatric Institute	San Francisco	Psych.
Letterman Army Hospital *	San Francisco	Anes., Card. Dis., Derm., Gastro., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Mary's Help Hospital *	San Francisco	Int. Med., Ob.-Gyn., Surg.
Mount Zion Hospital *	San Francisco	Anes., Int. Med., Path., Ped., Psych., Rad., Surg.
St. Francis Memorial Hospital	San Francisco	Anes., Ob.-Gyn., Path., Plas. Surg., Rad.
St. Joseph's Hospital *	San Francisco	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Surg.
St. Luke's Hospital *	San Francisco	Int. Med., Ob.-Gyn., Path. Ped., Surg.
St. Mary's Hospital *	San Francisco	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Psych., Rad., Surg.
San Francisco Hospital *		
Stanford University Service	San Francisco	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Otol., Path., Ped., Pul. Dis., Rad., Surg., Urol.
University of California Service	San Francisco	Int. Med., Ob.-Gyn., Ortho. Surg., Otol., Path., Ped., Pul. Dis., Rad., Surg., Urol.
Shriners Hospital for Crippled Children	San Francisco	Ortho. Surg.
Southern Pacific General Hospital *	San Francisco	Int. Med., Surg., Urol.
Stanford University Hospital *	San Francisco	Anes., Derm., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
U. S. Public Health Service Hospital *	San Francisco	Int. Med., Ophth., Ortho. Surg., Surg.
University of California Hospital *	San Francisco	Anes., Card. Dis., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped. Allergy, Ped., Phy. Med., Rad., Surg., Urol.
Veterans Admin. Hospital	San Francisco	Int. Med., Neur., Ophth., Ortho. Surg., Otol., Path., Rad., Surg., Urol.
O'Connor Hospital	San Jose, Calif.	Path.
Santa Clara County Hospital *	San Jose, Calif.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Pul. Dis., Rad., Surg., Urol.
Fairmont Hospital of Alameda County	San Leandro, Calif.	Pul. Dis.
Community Hospital of San Mateo County	San Mateo, Calif.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Hacienda Hospital	San Pablo, Calif.	Path.
Santa Barbara Cottage Hospital *	Santa Barbara, Calif.	Int. Med., Path., Surg.
Santa Barbara General Hospital	Santa Barbara, Calif.	Gen'l Pract., Surg.
St. John's Hospital	Santa Monica, Calif.	Ob.-Gyn., Path., Ped., Surg.
Sonoma County Hospital	Santa Rosa, Calif.	Gen'l Pract.
Veterans Admin. Hospital	Sepulveda, Calif.	Int. Med., Psych.
Tulare-Kings Counties Joint Tuberculosis Hospital	Springville, Calif.	Pul. Dis.
Stockton State Hospital	Stockton, Calif.	Psych.
Mendocino State Hospital	Talmadge, Calif.	Psych.
Harbor General Hospital *	Torrance, Calif.	Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Tulare County General Hospital	Tulare, Calif.	Gen'l Pract.
Kaiser Foundation Hospital (California Rehabilitation Center)	Vallejo, Calif.	Phy. Med.
General Hospital Ventura County	Ventura, Calif.	Gen'l Pract.
Community Hospital	Boulder, Colo.	Gen'l Pract.
Glockner-Penrose Hospital *	Colorado Springs, Colo.	Gen'l Pract., Path., Rad.
St. Francis Hospital	Colorado Springs, Colo.	Gen'l Pract.
Children's Hospital	Denver	Ortho. Surg., Path., Ped., Surg.
Fitzsimons Army Hospital *	Denver	Anes., Card. Dis., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Pul. Dis., Rad., Surg., Thor. Surg.
General Rose Memorial Hospital *	Denver	Path., Rad.
Mercy Hospital *	Denver	Int. Med., Path.
National Jewish Hospital	Denver	Pul. Dis., Thor. Surg.
Porter Sanitarium and Hospital *	Denver	Path.
Presbyterian Hospital *	Denver	Int. Med., Ob.-Gyn., Path., Rad., Surg.
St. Anthony Hospital *	Denver	Path.
St. Joseph's Hospital *	Denver	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Rad., Surg.
St. Luke's Hospital *	Denver	Int. Med., Path., Rad., Surg.
University of Colorado Medical Center		
Colorado General Hospital *	Denver	Anes., Derm., Gen'l Pract., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophtn., Ortho. Surg., Path., Ped. Allergy, Ped., Phys. Med., Pul. Dis., Rad., Surg., Urol.
Colorado Psychopathic Hospital	Denver	Psych.
Denver General Hospital *	Denver	Anes., Gen'l Pract., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped. Allergy, Ped., Pul. Dis., Rad., Surg., Urol.
Veterans Admin. Hospital	Denver	Anes., Int. Med., Neur., Neuro. Surg., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Weld County Hospital *	Greeley, Colo.	Path.
Colorado State Hospital	Pueblo, Colo.	Int. Med., Path., Psych., Surg.
St. Mary-Corwin Hospital *	Pueblo, Colo.	Gen'l Pract. Int. Med.
Bridgeport Hospital *	Bridgeport, Conn.	Anes., Gen'l Pract., Int. Med., Obst., Path., Rad., Surg.
St. Vincent's Hospital *	Bridgeport, Conn.	Int. Med., Obst., Path., Rad., Surg.
Danbury Hospital *	Danbury, Conn.	Path.
Greenwich Hospital *	Greenwich, Conn.	Gen'l Pract., Int. Med., Path., Surg.
Hartford Hospital *	Hartford, Conn.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Path., Ped., Rad., Surg.
Hartford Municipal Hospital and Health Center *	Hartford, Conn.	Int. Med., Surg.
Institute of Living	Hartford, Conn.	Psych.
St. Francis Hospital *	Hartford, Conn.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Surg.
Meriden Hospital *	Meriden, Conn.	Path.
Connecticut State Hospital	Middletown, Conn.	Psych.
Middlesex Hospital *	Middletown, Conn.	Path.
New Britain General Hospital *	New Britain, Conn.	Int. Med., Ob.-Gyn., Path., Surg.
Silver Hill Foundation	New Canaan, Conn.	Psych.
Grace-New Haven Community Hospital *	New Haven, Conn.	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Hospital of St. Raphael *	New Haven, Conn.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Yale University Dept. of Public Health	New Haven, Conn.	Occ. Med.
Cedarcrest Hospital	Newington, Conn.	Pul. Dis., Thor. Surg.
Newington Home and Hospital for Crippled Children	Newington, Conn.	Ortho. Surg.
Veterans Admin. Hospital	Newington, Conn.	Int. Med., Path., Surg.
Lawrence and Memorial Hospitals *	New London, Conn.	Int. Med., Ob.-Gyn., Surg.
Fairfield State Hospital	Newtown, Conn.	Psych.
Norwalk Hospital *	Norwalk, Conn.	Ob.-Gyn., Path., Surg.
Norwich State Hospital	Norwich, Conn.	Psych.

* Indicates hospitals approved for training interns.

195
V. 1

Name	Location	Approved Residencies
Norwich State Tuberculosis Sanatorium	Norwich, Conn.	Pul. Dis., Thor. Surg.
State of Connecticut Vet. Home & Hospital	Rocky Hill, Conn.	Phy. Med.
Laurel Heights Hospital	Shelton, Conn.	Pul. Dis.
Stamford Hospital *	Stamford, Conn.	Path., Surg.
Charlotte Hungerford Hospital	Torrington, Conn	Gen'l Pract.
St. Mary's Hospital *	Waterbury, Conn.	Anes., Int. Med., Path., Rad., Surg.
Waterbury Hospital *	Waterbury, Conn.	Int. Med., Path., Ped., Rad., Surg., Urol.
Veterans Admin. Hospital	West Haven, Conn.	Card. Dis., Gastro., Int. Med., Neur., Path., Psych., Pul. Dis., Rad., Surg., Urol.
State of Delaware	Dover, Del.	Pub. Health.
Delaware State Hospital	Farnhurst, Del.	Psych.
Alfred I. duPont Institute of Nemours Foundation	Wilmington, Del.	Ortho. Surg.
Delaware Hospital *	Wilmington, Del.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Memorial Hospital *	Wilmington, Del.	Int. Med., Path., Surg.
Wilmington General Hospital *	Wilmington, Del.	Gen'l Pract., Int. Med., Ob.-Gyn., Path.
Armed Forces Institute of Pathology	Washington, D. C.	Path.
Army Medical Center * (Walter Reed Army Hospital)	Washington, D. C.	Allergy, Anes., Card. Dis., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Children's Hospital	Washington, D. C.	Neuro. Surg., Path., Ped. Allergy, Ped., Psych., Surg.
Columbia Hospital for Women and Lying-In Asylum	Washington, D. C.	Ob.-Gyn.
District of Columbia General Hospital *	Washington, D. C.	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Pul. Dis., Surg., Urol.
Doctor's Hospital *	Washington, D. C.	Ob.-Gyn., Path., Rad., Surg.
Eastern Dispensary and Casualty Hospital	Washington, D. C.	Gen'l Pract., Surg.
Freedmen's Hospital *	Washington, D. C.	Card. Dis., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Ped., Psych., Pul. Dis., Rad., Surg., Urol.
Georgetown University Hospital *	Washington, D. C.	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
George Washington University Hospital *	Washington, D. C.	Anes., Card. Dis., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Path., Phys. Med., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg.
Providence Hospital *	Washington, D. C.	Anes., Int. Med., Ob.-Gyn., Path., Surg.
St. Elizabeths Hospital *	Washington, D. C.	Psych.
Sibley Memorial Hospital *	Washington, D. C.	Ob.-Gyn., Path., Surg.
Tuberculosis Sanatorium (Glendale, Md.)	Washington, D. C.	Pul. Dis.
Veterans Admin. Hospital	Washington, D. C.	Int. Med., Neur., Ophth., Path., Rad., Surg., Urol.
Washington Hospital Center *	Washington, D. C.	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Rad., Surg.
Veterans Admin. Hospital	Coral Gables, Fla.	Int. Med., Path., Phy. Med., Surg.
Halifax District Hospital	Daytona Beach, Fla.	Gen'l Pract.
Baptist Memorial Hospital *	Jacksonville, Fla.	Gen'l Pract., Path.
Duval Medical Center *	Jacksonville, Fla.	Int. Med., Ob.-Gyn., Path., Ped., Psych., Surg., Urol.
Hope Haven Hospital	Jacksonville, Fla.	Ortho. Surg.
Rite Hospital	Jacksonville, Fla.	Int. Med., Surg.
St. Luke's Hospital *	Jacksonville, Fla.	Gen'l Pract., Int. Med., Ob.-Gyn., Surg.
St. Vincent Hospital *	Jacksonville, Fla.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Surg., Urol.
State of Florida	Jacksonville, Fla.	Pub. Health
Southeast Florida Tuberculosis Hospital	Lantana, Fla.	Pul. Dis.
Jackson Memorial Hospital *	Miami, Fla.	Anes., Card. Dis., Derm., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Variety Children's Hospital	Miami, Fla.	Ortho. Surg., Ped.
Mount Sinai Hospital of Greater Miami *	Miami Beach, Fla.	Int. Med., Ob.-Gyn., Path., Surg.
St. Francis Hospital *	Miami Beach, Fla.	Int. Med., Ob.-Gyn., Surg.
Orange Memorial Hospital *	Orlando, Fla.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Surg., Urol.
Baptist Hospital	Pensacola, Fla.	Gen'l Pract., Path.
Sacred Heart Hospital *	Pensacola, Fla.	Gen'l Pract.
U. S. Navy School of Aviation Medicine	Pensacola, Fla.	Aviat. Med.
American Legion Hospital for Crippled Children	St. Petersburg, Fla.	Ortho. Surg.
Mound Park Hospital *	St. Petersburg, Fla.	Gen'l Pract., Ob.-Gyn., Surg.
Tampa General Hospital *	Tampa, Fla.	Int. Med., Ob.-Gyn., Ortho. Surg., Otol., Surg.
Crawford W. Long Memorial Hospital *	Atlanta, Ga.	In. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Georgia Baptist Hospital *	Atlanta, Ga.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Surg.
Grady Memorial Hospital *	Atlanta, Ga.	Gen'l Pract., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Henrietta Egleston Hospital for Children	Atlanta, Ga.	Ped.
Piedmont Hospital *	Atlanta, Ga.	Int. Med., Ob.-Gyn., Rad., Surg.
St. Joseph's Infirmary *	Atlanta, Ga.	Card. Dis., Int. Med., Ob.-Gyn., Path., Ped., Surg., Urol.
State of Georgia	Decatur, Ga.	Pub. Health
Veterans Admin. Hospital *	Atlanta, Ga.	Int. Med., Ophth., Path., Rad., Surg., Urol.
Eugene Talmadge Memorial Hospital *	Augusta, Ga.	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
University Hospital *	Augusta, Ga.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Augusta, Ga.	Int. Med., Psych., Rad., Surg.
The Medical Center *	Columbus, Ga.	Gen'l Pract.
Scottish Rite Hospital for Crippled Children	Decatur, Ga.	Ortho. Surg.
Emory University Hospital *	Emory University, Ga.	Anes., Card. Dis., Int. Med., Neuro. Surg., Ortho. Surg., Path., Phys. Med., Rad., Surg., Thor. Surg.
U. S. Army Hospital	Fort Benning, Ga.	Surg.
Tri-County Hospital	Fort Oglethorpe, Ga.	Gen'l Pract.
Macon Hospital *	Macon, Ga.	Gen'l Pract., Ob.-Gyn., Surg.
Memorial Hosp. of Chatham County *	Savannah, Ga.	Anes., Int. Med., Ob.-Gyn., Path., Surg., Urol.
Georgia Warm Springs Foundation	Warm Springs, Ga.	Phys. Med.
Macneal Memorial Hospital *	Berwyn, Ill.	Gen'l Pract., Surg.
Alexian Brothers Hospital	Chicago	Path.
American Hospital *	Chicago	Path., Surg.
Augustana Hospital *	Chicago	Int. Med., Obst., Path., Rad., Surg.
Chicago Eye, Ear, Nose and Throat Hospital	Chicago	Ophth.
Chicago Maternity Center	Chicago	Obst.
Chicago State Hospital	Chicago	Psych.
Chicago State Tuberculosis Sanitarium	Chicago	Pulm. Dis., Thor. Surg.
Chicago Wesley Memorial Hospital *	Chicago	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Urol.
Children's Memorial Hospital	Chicago	Card. Dis., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg.
City of Chicago Dept. of Welfare Convalescent Home	Chicago	Phy. Med.
City of Chicago Municipal Tuberculosis Sanatorium	Chicago	Pul. Dis., Thor. Surg.
Columbus Hospital *	Chicago	Int. Med., Rad.
Cook County Hospital *	Chicago	Con. Dis., Derm., Gastro., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Pul. Dis., Rad., Surg., Urol.
Edgewater Hospital *	Chicago	Path.
Englewood Hospital *	Chicago	Obst., Path., Surg.
Frank Cunneo Memorial Hospital	Chicago	Ob.-Gyn.
Grant Hospital *	Chicago	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Surg.
Henrotin Hospital	Chicago	Surg.

* Indicates hospitals approved for training interns.

Name	Location	Approved Residencies
Hospital of St. Anthony de Padua *	Chicago	Obst., Surg.
Illinois Central Hospital *	Chicago	Int. Med., Surg.
Illinois Eye and Ear Infirmary	Chicago	Ophth., Otol.
Illinois Masonic Hospital *	Chicago	Anes., Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Lewis Memorial Maternity Hospital	Chicago	Ob.-Gyn.
Loretto Hospital *	Chicago	Psych.
Louis A. Weiss Memorial Hospital	Chicago	Gen'l Pract.
Lutheran Deaconess Home and Hospital *	Chicago	Obst., Surg.
Mercy Hospital *	Chicago	Int. Med., Neuro. Surg., Ob.-Gyn., Path., Ped., Psych., Rad., Surg., Urol.
Michael Reese Hospital *	Chicago	Allergy, Anes., Card. Dis., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped. Allergy, Ped., Psych., Pul. Dis., Rad., Surg., Urol.
Mount Sinai Hospital *	Chicago	Anes., Card. Dis., Int. Med., Ob.-Gyn., Path., Ped., Psych., Rad., Surg., Urol.
Northwestern University Medical Center	Chicago	Allergy, Derm., Neur., Psych.
Norwegian-American Hospital *	Chicago	Int. Med., Path., Surg.
Passavant Memorial Hospital *	Chicago	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Path., Rad., Surg.
Presbyterian Hospital *	Chicago	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Provident Hospital *	Chicago	Int. Med., Ob.-Gyn., Ped., Rad., Surg.
Ravenswood Hospital *	Chicago	Path., Surg.
St. Anne's Hospital *	Chicago	Obst., Path., Surg.
St. Elizabeth Hospital *	Chicago	Ob.-Gyn., Ortho. Surg., Surg.
St. Joseph Hospital *	Chicago	Int. Med., Ob.-Gyn., Path., Surg.
St. Luke's Hospital *	Chicago	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
St. Mary of Nazareth Hospital *	Chicago	Gen'l Pract., Int. Med., Path., Surg.
Shriners Hospital for Crippled Children	Chicago	Ortho. Surg.
South Shore Hospital *	Chicago	Gen'l Pract.
Swedish Covenant Hospital *	Chicago	Obst.
University of Chicago Clinics *	Chicago	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
University of Illinois Neuropsychiatric Institute	Chicago	Neur., Neuro. Surg., Psych.
University of Illinois Research and Educational Hospital *	Chicago	Allergy, Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Veterans Admin. Research Hospital	Chicago	Anes., Gastro., Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. (West Side) Hospital	Chicago	Int. Med., Path., Psych., Rad., Surg.
Woodlawn Hospital *	Chicago	Surg.
Decatur and Macon County Hospital *	Decatur, Ill.	Gen'l Pract.
Veterans Admin. Hospital	Downey, Ill.	Psych.
Evanston Hospital *	Evanston, Ill.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Rad., Surg.
St. Francis Hospital *	Evanston, Ill.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg.
Little Company of Mary Hospital *	Evergreen Park, Ill.	Ob.-Gyn., Ped., Rad., Surg.
Galesburg State Research Hospital	Galesburg, Ill.	Psych.
U. S. Naval Hospital *	Great Lakes, Ill.	Int. Med., Ob.-Gyn., Surg.
Veterans Admin. Hospital	Hines, Ill.	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
Suburban Cook County Tuberculosis Hospital-Sanitarium	Hinsdale, Ill.	Thor. Surg.
St. Joseph's Hospital	Joliet, Ill.	Anes.
Community Memorial General Hospital	LaGrange, Ill.	Surg.
Mount Vernon State Tuberculosis Sanitarium	Mount Vernon, Ill.	Pul. Dis.
Cook County Tuberculosis Hospital	Oak Forest, Ill.	Pul. Dis.
West Suburban Hospital *	Oak Park, Ill.	Ortho. Surg
Institute of Physical Medicine & Rehabilitation	Peoria, Ill.	Phys. Med.
Methodist Hospital of Central Illinois *	Peoria, Ill.	Gen'l Pract., Path., Surg.
Peoria Municipal Tuberculosis Sanitarium	Peoria, Ill.	Pul. Dis.
St. Francis Hospital *	Peoria, Ill.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
Rockford Memorial Hospital *	Rockford, Ill.	Path. Rad.
St. Anthony's Hospital *	Rockford, Ill.	Ob.-Gyn., Path., Surg.
State of Illinois	Springfield, Ill.	Pub. Health
Carle Memorial Hospital	Urbana, Ill.	Path., Rad.
North Shore Health Resort	Winnetka, Ill.	Psych.
Clinic Hospital	Bluffton, Ind.	Int. Med., Surg.
St. Josephs Hospital *	Fort Wayne, Ind.	Path.
Methodist Hospital *	Gary, Ind.	Gen'l Pract., Path.
Indianapolis General Hospital *	Indianapolis	Anes., Card. Dis., Derm., Gastro., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Indiana University Medical Center *	Indianapolis	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
LaRue D. Carter Memorial Hospital	Indianapolis	Psych.
Methodist Hospital *	Indianapolis	Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
St. Vincent's Hospital *	Indianapolis	Card. Dis., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Surg.
Veterans Admin. Hospital	Indianapolis	Int. Med., Neuro. Surg., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
St. Elizabeth Hospital	Lafayette, Ind.	Int. Med., Ob.-Gyn., Path., Surg.
Ball Memorial Hospital *	Muncie, Ind.	Path., Surg.
Healthwin Hospital	South Bend, Ind.	Pul. Dis.
Memorial Hospital *	South Bend, Ind.	Path.
South Bend Medical Foundation	South Bend, Ind.	Path.
Dr. Norman M. Beatty Memorial Hospital	Westville, Ind.	Psych.
St. Luke's Methodist Hospital *	Cedar Rapids, Iowa	Path.
Mental Health Institute	Cherokee, Iowa	Psych.
Broadlawns—Polk County Hospital *	Des Moines, Iowa	Gen'l Pract., Surg.
Iowa Methodist Hospital *	Des Moines, Iowa	Int. Med., Path., Ped., Rad., Surg.
Mercy Hospital *	Des Moines, Iowa	Path.
Veterans Admin. Hospital	Des Moines, Iowa	Anes., Int. Med., Ortho. Surg., Path., Rad., Surg., Urol.
Iowa State Psychopathic Hospital	Iowa City	Psych.
Mercy Hospital	Iowa City	Ortho. Surg., Path., Surg.
State University of Iowa Hospitals *	Iowa City	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	Iowa City	Anes., Int. Med., Neur., Otol., Path., Rad., Surg.
Halstead Hospital	Halstead, Kan.	Path.
St. Margaret Hospital *	Kansas City, Kan.	Surg.
University of Kansas Medical Center *	Kansas City, Kan.	Anes., Card. Dis., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
C. F. Menninger Memorial Hospital	Topeka, Kan.	Psych.
State of Kansas	Topeka, Kan.	Pub. Health
Topeka State Hospital	Topeka, Kan.	Psych.
Veterans Admin. Hospital	Topeka, Kan.	Int. Med., Neur., Psych.
Veterans Admin. Hospital	Wadsworth, Kan.	Ortho. Surg., Rad., Surg.

* Indicates hospitals approved for training interns.

Name	Location	Approved Residencies
St. Francis Hospital *	Wichita, Kan.	Anes., Gen'l. Pract. Int. Med., Ob-Gyn., Ortho. Surg., Path., Rad., Surg.
Veterans Admin. Hospital	Wichita, Kan.	Surg.
Wesley Hospital *	Wichita, Kan.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Surg.
Wichita—St. Joseph Hospital *	Wichita, Kan.	Path.
St. Elizabeth Hospital *	Covington, Ky.	Path.
William Booth Memorial Hospital	Covington, Ky.	Gen'l Pract.
U. S. Army Hospital	Fort Campbell, Ky.	Surg.
U. S. Army Hospital	Fort Knox, Ky.	Gen'l Pract.
Harlan Memorial Hospital	Harlan, Ky.	Int. Med., Surg.
Central State Hospital	Lakeland, Ky.	Psych.
Good Samaritan Hospital *	Lexington, Ky.	Int. Med., Ortho. Surg., Surg., Urol.
St. Joseph Hospital *	Lexington, Ky.	Int. Med., Ob.-Gyn., Ortho. Surg., Surg., Urol.
Shriners Hospital for Crippled Children	Lexington, Ky.	Ortho. Surg.
U. S. Public Health Service Hospital	Lexington, Ky.	Psych.
Veterans Admin. Hospital	Lexington, Ky.	Psych.
Children's Hospital	Louisville, Ky.	Anes., Neuro. Surg., Path., Ped. Surg.
Kosair Crippled Children's Hospital	Louisville, Ky.	Ortho. Surg.
Louisville General Hospital *	Louisville, Ky.	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phy. Med., Psych., Rad., Surg., Urol.
Norton Memorial Infirmary	Louisville, Ky.	Neuro. Surg., Psych.
St. Anthony's Hospital *	Louisville, Ky.	Gen'l Pract.
St. Joseph's Infirmary *	Louisville, Ky.	Int. Med., Ob.-Gyn., Ped., Rad., Surg.
Veterans Admin. Hospital	Louisville, Ky.	Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Urol.
Waverly Hills Sanatorium	Waverly Hills, Ky.	Anes., Surg.
Lafayette Charity Hospital	Lafayette, La.	Gen'l Pract., Surg.
St. Patrick's Hospital	Lake Charles, La.	Gen'l Pract.
E. A. Conway Memorial Hospital	Monroe, La.	Gen'l Pract.
Charity Hospital of Louisiana *	New Orleans	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Eye, Ear, Nose and Throat Hospital	New Orleans	Ophth., Otol.
Hotel Dieu *	New Orleans	Ob.-Gyn., Path., Ped., Rad., Surg.
Ochsner Foundation Hospital *	New Orleans	Anes., Gastro., Int. Med., Neuro. Surg., Ob.-Gyn., Ortho. Surg., Path., Proct., Rad., Surg., Urol.
Southern Baptist Hospital *	New Orleans	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Touro Infirmary *	New Orleans	Gastro., Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg., Urol.
U. S. Public Health Service Hospital *	New Orleans	Int. Med., Ophth., Path., Rad., Surg.
Veterans Admin. Hospital	New Orleans	Int. Med., Ophth., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Huey P. Long Charity Hospital	Pineville, La.	Gen'l Pract.
Confederate Memorial Hospital *	Shreveport, La.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Shriners Hospital for Crippled Children	Shreveport, La.	Ortho. Surg.
Eastern Maine General Hospital *	Bangor, Maine	Anes., Path., Rad.
General Maine Sanatorium	Fairfield, Maine	Pul. Dis.
Central Maine General Hospital *	Lewiston, Maine	Anes., Int. Med., Path., Ped., Rad., Surg.
Maine Medical Center *	Portland, Maine	Anes., Card. Dis., Gen'l Pract., Int. Med., Path., Rad., Surg.
Baltimore City Hospitals *	Baltimore	Anes., Int. Med., Neur., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg.
Baltimore Eye, Ear and Throat Charity Hospital	Baltimore	Ophth., Otol.
Bon Secours Hospital *	Baltimore	Gen'l Pract., Ob.-Gyn., Surg.
Children's Hospital	Baltimore	Ortho. Surg.
Church Home and Hospital *	Baltimore	Int. Med., Obst., Surg.
Doctors Hospital	Baltimore	Gen'l Pract.
Franklin Square Hospital *	Baltimore	Int. Med., Ob.-Gyn., Path., Surg.
Hospital for Women *	Baltimore	Ob.-Gyn.
James Lawrence Kernan Hospital for Crippled Children	Baltimore	Ortho. Surg.
Johns Hopkins Hospital *	Baltimore	Derm., Int. Med., Neur., Neuro. Surg., Ob-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Lutheran Hospital *	Baltimore	Int. Med., Ob.-Gyn., Path., Surg.
Maryland General Hospital *	Baltimore	Int. Med., Ob.-Gyn., Path., Surg.
Mercy Hospital *	Baltimore	Int. Med., Ob-Gyn., Otol., Path., Ped., Surg.
Provident Hospital and Free Dispensary *	Baltimore	Path., Surg.
St. Agnes Hospital *	Baltimore	Ob.-Gyn., Surg.
St. Joseph's Hospital *	Baltimore	Int. Med., Ob.-Gyn., Surg.
Seton Institute	Baltimore	Psych.
Sinai Hospital *	Baltimore	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
South Baltimore General Hospital *	Baltimore	Int. Med., Obst., Otol., Surg.
State of Maryland	Baltimore	Pub. Health
Union Memorial Hospital *	Baltimore	Int. Med., Ob.-Gyn., Path., Ped., Surg.
U. S. Public Health Service Hospital *	Baltimore	Int. Med., Ophth., Path., Rad., Surg.
University Hospital *	Baltimore	Anes., Derm. Gen'l Pract., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	Baltimore	Pul. Dis.
National Institutes of Health—Clinical Center	Bethesda, Md.	Int. Med., Neuro., Path., Psych., Rad.
Suburban Hospital *	Bethesda, Md.	Gen'l Pract., Path.
U. S. Naval Hospital *	Bethesda, Md.	Anes., Card. Dis., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Spring Grove State Hospital	Catonsville, Md.	Psych.
Prince George's General Hospital *	Cheverly, Md.	Int. Med., Ob.-Gyn., Path., Surg.
Crownsville State Hospital	Crownsville, Md.	Psych.
Veterans Admin. Hospital	Fort Howard, Md.	Derm., Int. Med., Ophth., Surg., Urol.
Washington County Hospital *	Hagerstown, Md.	Rad.
Veterans Admin. Hospital	Perry Point, Md.	Int. Med., Psych., Surg.
Chestnut Lodge Sanitarium	Rockville, Md.	Psych.
Springfield State Hospital	Sykesville, Md.	Psych.
Sheppard and Enoch Pratt Hospital	Towson, Md.	Psych.
Veterans Admin. Hospital	Bedford, Mass.	Psych.
McLean Hospital	Belmont, Mass.	Psych.
Beverly Hospital *	Beverly, Mass.	Path., Surg.
Beth Israel Hospital *	Boston	Card. Dis., Gastro., Int. Med., Obst., Otol., Path., Psych., Rad., Surg., Ur.
Boston City Hospital *	Boston	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Boston Floating Hospital *	Boston	Ped.
Boston Lying-In Hospital	Boston	Ob.-Gyn., Path.
Boston Sanatorium	Boston	Pul. Dis., Thor. Surg.
Boston State Hospital	Boston	Psych.
Carney Hospital *	Boston	Int. Med., Ob.-Gyn., Path., Surg.
Children's Medical Center *	Boston	Neuro. Surg., Ortho. Surg., Path., Ped. Allergy, Ped., Surg.
Faulkner Hospital	Boston	Int. Med., Path., Rad.
Lahey Clinic	Boston	Anes., Gastro., Int. Med., Ortho. Surg., Rad.
Lemuel Shattuck Hospital	Boston	Int. Med., Path., Rad.
Massachusetts Eye and Ear Infirmary	Boston	Ophth., Otol.

* Indicates hospitals approved for training interns.

Name	Location	Approved Residencies
Massachusetts General Hospital *	Boston	Allergy, Anes., Derm., Int. Med., Neur., Neuro. Surg., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Massachusetts Memorial Hospital *	Boston	Anes., Con. Dis., Derm., Gastro., Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Path., Psych., Rad., Surg., Urol.
Massachusetts Mental Health Center	Boston	Psych.
New England Center Hospital *	Boston	Anes., Gyn., Int. Med., Neur., Neuro. Surg., Path., Psych., Rad., Surg., Urol.
New England Deaconess Hospital	Boston	Anes., Int. Med., Path., Rad., Thor. Surg.
New England Hospital *	Boston	Anes., Gen'l Pract., Obst., Surg.
Peter Bent Brigham Hospital *	Boston	Anes., Card. Dis., Int. Med., Neuro. Surg., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
St. Elizabeth Hospital *	Boston	Anes., Int. Med., Ob.-Gyn., Path., Psych., Surg.
St. Margaret's Hospital	Boston	Ob.-Gyn.
U. S. Public Health Service Hospital *	Boston	Int. Med., Surg.
Veterans Admin. Hospital	Boston (Jamaica Plain)	Anes., Int. Med., Neur., Neuro. Surg., Ortho. Surg., Otol., Path., Phys. Med., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Boston (West Roxbury)	Card. Dis., Path., Rad., Urol.
Brockton Hospital *	Brockton, Mass.	Surg.
Veterans Admin. Hospital	Brockton, Mass.	Psych.
Booth Memorial Hospital and Home	Brookline, Mass.	Obst.
Free Hospital for Women	Brookline, Mass.	Ob.-Gyn., Path.
Cambridge City Hospital *	Cambridge, Mass.	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Cambridge Sanitarium	Cambridge, Mass.	Pul. Dis.
Mount Auburn Hospital *	Cambridge, Mass.	Anes., Int. Med., Path., Rad., Surg.
Massachusetts Hospital School	Canton, Mass.	Ortho. Surg.
Lawrence F. Quigley Memorial Hospital	Chelsea, Mass.	Int. Med., Surg.
U. S. Naval Hospital *	Chelsea, Mass.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Ped., Rad., Surg.
Fall River General Hospital	Fall River, Mass.	Surg.
St. Anne's Hospital	Fall River, Mass.	Gen'l Pract., Ob.-Gyn.
Truesdale Hospital *	Fall River, Mass.	Path., Surg.
Burbank Hospital	Fitchburg, Mass.	Path., Surg.
Foxboro State Hospital	Foxboro, Mass.	Psych.
Holyoke Hospital *	Holyoke, Mass.	Anes., Path.
Lawrence General Hospital *	Lawrence, Mass.	Path.
Lowell General Hospital *	Lowell, Mass.	Path.
Lynn Hospital *	Lynn, Mass.	Path.
Malden Hospital	Malden, Mass.	Int. Med., Path., Surg.
Medfield State Hospital	Medfield, Mass.	Psych.
Lakeville State Sanatorium	Middleboro, Mass.	Ortho. Surg.
St. Luke's Hospital *	New Bedford, Mass.	Path.
Newton-Wellesley Hospital *	Newton, Mass.	Int. Med., Path., Surg.
Pittsfield General Hospital	Pittsfield, Mass.	Path.
Quincy City Hospital *	Quincy, Mass.	Int. Med., Ob.-Gyn., Path., Surg.
Veterans Admin. Hospital	Rutland Heights, Mass.	Pul. Dis.
Salem Hospital *	Salem, Mass.	Int. Med., Path., Surg.
Shriners Hospital for Crippled Children	Springfield, Mass.	Ortho. Surg.
Springfield Hospital *	Springfield, Mass.	Anes., Path., Surg.
Austen Riggs Center	Stockbridge, Mass.	Psych.
Taunton State Hospital	Taunton, Mass.	Psych.
Pondville Hospital	Walpole, Mass.	Int. Med., Path., Surg.
Metropolitan State Hospital	Waltham, Mass.	Psych.
Middlesex County Sanatorium	Waltham, Mass.	Pul. Dis
Westboro State Hospital	Westboro, Mass.	Psych.
Westfield State Sanatorium	Westfield, Mass.	Pul. Dis., Surg.
Memorial Hospital *	Worcester, Mass.	Int. Med., Path., Surg
St. Vincent's Hospital *	Worcester, Mass.	Anes., Int. Med., Path., Ped., Surg.
Worcester City Hospital *	Worcester, Mass.	Gen'l Pract., Int. Med., Ortho. Surg., Path., Ped., Surg.
Worcester County Sanatorium	Worcester, Mass.	Pul. Dis.
Worcester State Hospital	Worcester, Mass.	Psych.
St. Joseph Mercy Hospital *	Ann Arbor, Mich.	Int. Med., Ob.-Gyn., Plas. Surg., Rad., Surg.
University Hospital *	Ann Arbor, Mich.	Allergy, Anes., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Leila Y. Post Montgomery Hospital *	Battle Creek, Mich.	Path., Rad., Surg.
Oakwood Hospital *	Dearborn, Mich.	Gen'l Pract., Ob.-Gyn., Path.
Veterans Admin. Hospital	Dearborn, Mich.	Int. Med., Ophth., Path., Rad., Surg.
Alexander Blain Hospital	Detroit	Int. Med., Surg.
Brent General Hospital	Detroit	Gen'l Pract.
Children's Hospital	Detroit	Ortho. Surg., Path., Ped.
Crittenton General Hospital	Detroit	Ob.-Gyn.
Detroit Memorial Hospital *	Detroit	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Evangelical Deaconess Hospital *	Detroit	Gen'l Pract., Int. Med., Ob.-Gyn., Surg.
Grace Hospital *	Detroit	Int. Med., Neuro. Surg., Ob.-Gyn., Path., Rad., Surg., Urol.
Harper Hospital *	Detroit	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Urol.
Henry Ford Hospital *	Detroit	Anes., Card. Dis., Derm., Gastro., Gen'l Pract., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Ther. Surg., Urol.
Herman Kiefer Hospital	Detroit	Con. Dis., Ob.-Gyn., Path., Pul. Dis., Rad., Thor. Surg.
Jennings Memorial Hospital	Detroit	Int. Med., Surg.
Lafayette Clinic	Detroit	Neur., Psych.
Lyon Hospital	Detroit	Gen'l Pract.
Mount Carmel Mercy Hospital *	Detroit	Int. Med., Ob.-Gyn., Path., Rad., Surg.
North Detroit General Hospital	Detroit	Gen'l Pract.
Providence Hospital *	Detroit	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Receiving Hospital *	Detroit	Anes., Derm., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Psych., Rad., Surg., Urol.
St. John Hospital *	Detroit	Int. Med., Ob.-Gyn., Surg.
St. Joseph Mercy Hospital *	Detroit	Int. Med., Ob.-Gyn., Surg.
Sinai Hospital *	Detroit	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Woman's Hospital *	Detroit	Int. Med., Ob.-Gyn., Path., Surg.
Wayne County General Hospital and Infirmary *	Eloise, Mich.	Int. Med., Path., Psych., Rad., Surg., Urol.
Hurley Hospital *	Flint, Mich.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
McLaren General Hospital *	Flint, Mich.	Gen'l Pract., Int. Med., Path., Surg.
St. Joseph Hospital *	Flint, Mich.	Gen'l Pract., Path., Rad.
Blodgett Memorial Hospital *	Grand Rapids, Mich.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
Butterworth Hospital *	Grand Rapids, Mich.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Ferguson-Droste-Ferguson Hospital	Grand Rapids, Mich.	Proct.
St. Mary's Hospital *	Grand Rapids, Mich.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Surg.
Bon Secours Hospital *	Grosse Pointe, Mich.	Int. Med., Surg.
Highland Park General Hospital *	Highland Park, Mich.	Int. Med., Ob.-Gyn., Surg.
Michigan State Sanatorium	Howell, Mich.	Pul. Dis.
W. A. Foote Memorial Hospital	Jackson, Mich.	Path.
Borgess Hospital *	Kalamazoo, Mich.	Gen'l Pract., Ob.-Gyn., Ortho. Surg., Path., Surg.

* Indicates hospitals approved for training interns.

Name	Location	Approved Residencies
Bronson Methodist Hospital *	Kalamazoo, Mich.	Int. Med., Surg.
Edward W. Sparrow Hospital *	Lansing, Mich.	Int. Med., Path., Surg.
Ingham Chest Hospital	Lansing, Mich.	Thor. Surg.
St. Lawrence Hospital *	Lansing, Mich.	Int. Med.
State of Michigan	Lansing, Mich.	Pub. Health
Hawthorn Center	Northville, Mich.	Psych.
Northville State Hospital	Northville, Mich.	Psych.
William H. Maybury Sanatorium	Northville, Mich.	Pul. Dis.
Pontiac General Hospital *	Pontiac, Mich.	Int. Med., Ob.-Gyn., Path., Surg.
Pontiac State Hospital	Pontiac, Mich.	Psych.
St. Joseph Mercy Hospital *	Pontiac, Mich.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
William Beaumont Hospital *	Royal Oak, Mich.	Int. Med., Ob.-Gyn., Surg.
Saginaw General Hospital *	Saginaw, Mich.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
St. Mary's Hospital *	Saginaw, Mich.	Gen'l Pract.
James Decker Munson Hospital *	Traverse City, Mich.	Gen'l Pract.
Traverse City State Hospital	Traverse City, Mich.	Psych.
Wyandotte General Hospital	Wyandotte, Mich.	Gen'l Pract.
Ypsilanti State Hospital	Ypsilanti, Mich.	Psych.
St. Luke's Hospital *	Duluth, Minn.	Path.
St. Mary's Hospital *	Duluth, Minn.	Path.
Asbury Methodist Hospital *	Minneapolis	Int. Med.
Fairview Hospital	Minneapolis	Gen'l Pract.
Lutheran Deaconess Home and Hospital	Minneapolis	Gen'l Pract.
Minneapolis General Hospital *	Minneapolis	Derm., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Surg., Urol.
Mount Sinai Hospital *	Minneapolis	Int. Med., Surg.
Northwestern Hospital *	Minneapolis	Int. Med., Ob.-Gyn., Path., Ped., Surg.
St. Barnabas Hospital *	Minneapolis	Int. Med., Ob.-Gyn., Path., Surg.
St. Mary's Hospital *	Minneapolis	Ob.-Gyn., Urol.
Shriners Hospital for Crippled Children	Minneapolis	Ortho. Surg
State of Minnesota	Minneapolis	Pub. Health
Swedish Hospital *	Minneapolis	Ob.-Gyn., Path., Rad., Surg.
University of Minnesota Hospitals *	Minneapolis	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Proct., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Minneapolis	Derm., Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Nopeming Sanatorium	Nopeming, Minn.	Pul. Dis.
Glen Lake Sanatorium	Oak Terrace, Minn.	Pul. Dis.
Mayo Foundation	Rochester, Minn.	Allergy, Anes., Card. Dis., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped. Allergy, Ped., Phys. Med., Plas. Surg., Proct., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Ancker Hospital *	St. Paul, Minn.	Derm., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Surg., Urol.
Charles T. Miller Hospital *	St. Paul, Minn.	Int. Med., Ob.-Gyn., Ophth., Path., Rad., Surg., Urol.
Gillielle State Hospital for Crippled Children	St. Paul, Minn.	Ortho. Surg.
Midway Hospital	St. Paul, Minn.	Gen'l Pract.
St. Joseph's Hospital *	St. Paul, Minn.	Ob.-Gyn., Path., Surg.
St. Luke's Hospital *	St. Paul, Minn.	Gen'l Pract.
Veterans Admin. Hospital	Biloxi, Miss.	Psych.
Mississippi Baptist Hospital *	Jackson, Miss.	Gen'l Pract., Ortho. Surg., Path.
State of Mississippi	Jackson, Miss.	Pub. Health
University Hospital *	Jackson, Miss.	Gen'l Pract., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Orth. Surg., Path., Ped., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	Jackson, Miss.	Neuro. Surg., Ophth., Ortho. Surg., Plas. Surg., Surg., Urol.
Mississippi State Tuberculosis Sanatorium	Sanatorium, Miss.	Pul. Dis., Thor. Surg.
Mercy Hospital-Street Memorial	Vicksburg, Miss.	Gen'l Pract., Surg.
Vicksburg Hospital	Vicksburg, Miss.	Surg.
Mississippi State Hospital	Whitfield, Miss.	Psych.
St. Louis County Hospital *	Clayton, Mo.	Int. Med., Ob.-Gyn., Path., Surg.
Ellis Fischel Cancer Hospital	Columbia, Mo.	Surg.
University Hospitals *	Columbia, Mo.	Anes., Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Children's Mercy Hospital *	Kansas City, Mo.	Ortho. Surg., Ped.
Kansas City General Hospital No. 1 *	Kansas City, Mo.	Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Surg., Urol.
Kansas City General Hospital No. 2 *	Kansas City, Mo.	Ob.-Gyn., Rad., Surg.
Menorah Hospital Medical Center *	Kansas City, Mo.	Gen'l Pract., Int. Med., Path., Rad., Surg.
Research Hospital *	Kansas City, Mo.	Path., Rad.
St. Joseph Hospital *	Kansas City, Mo.	Int. Med., Ob-Gyn., Path., Rad.
St. Luke's Hospital *	Kansas City, Mo.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
St. Mary's Hospital *	Kansas City, Mo.	Path., Surg.
Veterans Admin. Hospital	Kansas City, Mo.	Anes., Int. Med., Neur., Ortho. Surg., Otol., Path., Phys. Med., Psych., Pul. Dis., Rad., Surg., Urol.
Robert Koch Hospital	Koch, Mo.	Pul. Dis.
Missouri State Sanatorium	Mount Vernon, Mo.	Pul. Dis., Thor. Surg.
Missouri Methodist Hospital *	St. Joseph, Mo.	Gen'l Pract., Surg.
Barnes Hospital *	St. Louis	Allergy, Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
De Paul Hospital *	St. Louis	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Surg.
Homer G. Phillips Hospital *	St. Louis	Int. Med., Ob.-Gyn., Ophth., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Jewish Hospital *	St. Louis	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Lutheran Hospital *	St. Louis	Gen'l Pract.
Missouri Baptist Hospital *	St. Louis	Int. Med., Ob.-Gyn., Path., Surg.
Missouri Pacific Hospital	St. Louis	Int. Med., Surg., Urol.
St. Antony's Hospital *	St. Louis	Gen'l Pract., Surg.
St. John's Hospital *	St. Louis	Anes., Int. Med., Obst., Path., Surg.
St. Louis Children's Hospital *	St. Louis	Ped.
St. Louis City Hospital *	St. Louis	Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
St. Louis State Hospital	St. Louis	Psych.
St. Luke's Hospital *	St. Louis	Int. Med., Ob.-Gyn., Path., Surg.
St. Mary's Group of Hospitals *	St. Louis	Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych. Pul. Dis., Rad., Surg., Urol.
Shriners Hospital for Crippled Children	St. Louis	Ortho. Surg.
Veterans Admin. Hospital	St. Louis	Anes., Int. Med., Ophth., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
St. John's Hospital	Springfield, Mo.	Anes.
Montana Deaconess Hospital *	Great Falls, Mont.	Int. Med., Path.
Hastings State Hospital	Ingleside, Neb.	Psych.
Lincoln General Hospital *	Lincoln, Neb.	Ob.-Gyn., Path.
Nebraska Orthopedic Hospital	Lincoln, Neb.	Ortho. Surg.
St. Elizabeth's Hospital *	Lincoln, Neb.	Ob.-Gyn., Surg.
Veterans Admin. Hospital	Lincoln, Neb.	Int. Med., Ortho. Surg., Surg.
Bishop Clarkson Memorial Hospital *	Omaha	Path.
Children's Memorial Hospital	Omaha	Ped.

* Indicates hospitals approved for training interns.

Name	Location	Approved Residencies
Creighton Memorial-St. Joseph Hospital *	Omaha	Int. Med., Ob.-Gyn., Path., Ped., Psych., Rad., Surg.
Immanuel Hospital *	Omaha	Gen'l Pract., Ob.-Gyn.
Nebraska Methodist Hospital *	Omaha	Path., Rad.
University of Nebraska Hospital *	Omaha	Anes., Card. Dis., Int. Med., Ob-Gyn., Ophth., Path., Ped., Psych., Rad., Surg.
Veterans Admin. Hospital	Omaha	Int. Med., Neur., Path., Psych., Rad., Surg.
New Hampshire State Hospital	Concord, N. H.	Psych.
Mary Hitchcock Memorial Hospital *	Hanover, N. H.	Anes., Derm., Int. Med., Neuro. Surg., Ortho. Surg., Path., Ped., Phys. Med., Rad., Surg., Urol.
Atlantic City Hospital *	Atlantic City, N. J.	Int. Med., Path., Surg.
Bayonne Hospital and Dispensary *	Bayonne, N. J.	Urol.
Cooper Hospital *	Camden, N. J.	Int. Med., Ob.-Gyn., Path., Ped., Plas. Surg., Surg.
Our Lady of Lourdes Hospital *	Camden, N. J.	Path., Rad.
West Jersey Hospital *	Camden, N. J.	Path., Surg.
Essex County Overbrook Hospital	Cedar Grove, N. J.	Psych.
Veterans Admin. Hospital	East Orange, N. J.	Int. Med., Neur., Path., Phys. Med., Pul. Dis., Rad., Surg., Urol.
Englewood Hospital *	Englewood, N. J.	Path.
Hunterdon Medical Center	Flemington, N. J.	Gen'l Pract., Path.
U. S. Army Fort Dix Health Center	Fort Dix, N. J.	Pub. Health
New Jersey Sanatorium for Chest Diseases	Glen Gardens, N. J.	Pul. Dis.
New Jersey State Hospital	Greystone Park, N. J.	Psych.
Hackensack Hospital *	Hackensack, N. J.	Anes., Int. Med., Obst., Path., Rad., Surg., Urol.
New Jersey State Hospital at Ancora	Hammonton, N. J.	Psych.
St. Mary's Hospital *	Hoboken, N. J.	Path.
Berthold S. Pollack Hospital for Chest Diseases	Jersey City, N. J.	Pul. Dis., Thor. Surg.
Christ Hospital *	Jersey City, N. J.	Path.
Margaret Hague Maternity Hospital	Jersey City, N. J.	Obst.
Medical Center-Jersey City Hospital *	Jersey City, N. J.	Anes., Int. Med., Gyn., Ophth., Path., Ped., Rad., Surg., Urol.
Monmouth Memorial Hospital *	Long Branch, N. J.	Obst., Ortho., Surg., Path., Surg.
Veterans Admin. Hospital	Lyons, N. J.	Psych.
New Jersey State Hospital	Marlboro, N. J.	Psych.
Mountainside Hospital *	Montclair, N. J.	Gen'l Pract., Int. Med., Path., Surg.
Morristown Memorial Hospital *	Morristown, N. J.	Path., Rad., Surg.
Burlington County Hospital	Mount Holly, N. J.	Int. Med., Ob.-Gyn., Path., Surg.
Fiikin Memorial Hospital *	Neptune, N. J.	Int., Med., Path., Ped., Surg.
Babies' Hospital-Coit Memorial	Newark, N. J.	Ped.
Harrison S. Martland Medical Center *	Newark, N. J.	Int. Med., Ob.-Gyn., Otol., Path., Surg., Urol.
Hospital for Crippled Children	Newark, N. J.	Ortho., Surg.
Newark Beth Israel Hospital *	Newark, N. J.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Newark Eye and Ear Infirmary	Newark, N. J.	Ophth., Otol.
Presbyterian Hospital *	Newark, N. J.	Path., Surg.
St. Barnabas Medical Center *	Newark, N. J.	Path., Plas. Surg.
St. Michael's Hospital *	Newark, N. J.	Int. Med., Ob.-Gyn., Path., Ped.
St. Peter's General Hospital *	New Brunswick, N. J.	Int. Med., Path., Surg.
New Jersey Orthopedic Hospital and Dispensary	Orange, N. J.	Ortho. Surg.
Orange Memorial Hospital *	Orange, N. J.	Ortho. Surg., Path., Surg.
Bergen Pines County Hospital *	Paramus, N. J.	Card. Dis., Int. Med., Path., Psych., Pul. Dis.
Passaic General Hospital *	Passaic, N. J.	Ob.-Gyn., Path.
St. Mary Hospital *	Passaic, N. J.	Path.
Barnert Memorial Hospital *	Paterson, N. J.	Path.
Paterson General Hospital *	Paterson, N. J.	Obst., Path.
St. Joseph Hospital *	Paterson, N. J.	Anes., Ortho. Surg., Path.
Perth Amboy General Hospital *	Perth Amboy, N. J.	Path.
Princeton Hospital	Princeton, N. J.	Gen'l Pract.
New Jersey Neuro-Psychiatric Institute	Skillman, N. J.	Psych.
Somerset Hospital *	Somerset, N. J.	Gen'l Pract.
Overlook Hospital *	Summit, N. J.	Gen'l Pract., Path.
Holy Name Hospital *	Teaneck, N. J.	Obst.
Mercer Hospital *	Trenton, N. J.	Int. Med., Path.
New Jersey State Hospital	Trenton, N. J.	Psych.
St. Francis Hospital *	Trenton, N. J.	Ob.-Gyn., Path., Ped., Surg.
Essex County Sanatorium	Verona, N. J.	Pul. Dis.
Bataan Memorial Methodist Hospital	Albuquerque, N. Mex.	Int. Med., Path.
Bernalillo County-Indian Hospital *	Albuquerque, N. Mex.	Int. Med., Ob.-Gyn., Path., Ped.
Veterans Admin. Hospital	Albuquerque, N. Mex.	Int. Med., Path., Pul. Dis., Surg.
Carrie Tingley Hospital	Truth or Consequences, N. Mex.	Ortho. Surg.
Albany Hospital *	Albany, N. Y.	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Anthony N. Brady Maternity Hospital	Albany, N. Y.	Obst.
Bender Hygienic Laboratory	Albany, N. Y.	Path.
St. Peter's Hospital *	Albany, N. Y.	Ped., Surg.
State of New York	Albany, N. Y.	Pub. Health
Veterans Admin. Hospital	Albany, N. Y.	Int. Med., Neur., Path., Phys. Med., Psych., Rad., Surg.
River Crest Sanitarium	Astoria, N. Y.	Psych.
Binghamton City Hospital *	Binghamton, N. Y.	Int. Med., Path
Binghamton State Hospital	Binghamton, N. Y.	Psych.
Lawrence Hospital *	Bronxville, New York	Path.
Beth-El Hospital *	Brooklyn	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Brooklyn Eye and Ear Hospital	Brooklyn	Ophth., Otol.
Brooklyn Hospital *	Brooklyn	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Brooklyn State Hospital	Brooklyn	Psych.
Brooklyn Women's Hospital	Brooklyn	Ob.-Gyn.
Coney Island Hospital *	Brooklyn	Ob.-Gyn., Path., Ped., Surg.
Cumberland Hospital *	Brooklyn	Ob.-Gyn., Path., Ped., Rad., Surg.
Greenpoint Hospital *	Brooklyn	Ob.-Gyn., Path., Surg.
House of St. Giles the Cripple	Brooklyn	Ortho. Surg.
Jewish Chronic Disease Hospital	Brooklyn	Int. Med., Neur., Ortho. Surg., Path., Phys. Med.
Jewish Hospital *	Brooklyn	Allergy, Anes., Card. Dis., Gastro., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Kings County Hospital *	Brooklyn	Anes., Path., Ped., Rad.
Division I	Brooklyn	Derm., Int. Med., Ortho. Surg., Otol., Plas. Surg., Pul. Dis., Surg., Thor. Surg., Urol.
Division II	Brooklyn	Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Psych., Pul. Dis., Surg., Thor. Surg., Urol.
Long Island College Hospital *	Brooklyn	Int. Med., Neuro. Surg., Ob.-Gyn., Otol., Path., Ped., Rad., Surg., Urol.
Lutheran Medical Center *	Brooklyn	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Maimonides Hospital *	Brooklyn	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Methodist Hospital *	Brooklyn	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
St. Catherine's Hospital *	Brooklyn	Anes., Int. Med., Ob.-Gyn., Path., Ped., Surg.
St. Charles Hospital Orthopedic Clinic	Brooklyn	Ortho. Surg.
St. John's Episcopal Hospital *	Brooklyn	Int. Med., Ob.-Gyn., Path., Ped., Surg.
St. Mary's Hospital *	Brooklyn	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Unity Hospital *	Brooklyn	Ob.-Gyn.

* Indicates hospitals approved for training interns.

195
V. 1

Name	Location	Approved Residencies
Veterans Admin. Hospital	Brooklyn	Anes., Gastro., Int. Med., Neur. Ophth., Ortho. Surg., Path., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Wyckoff Heights Hospital *	Brooklyn	Ob.-Gyn., Ped., Surg.
Allied Hospitals of Sisters of Charity *	Buffalo	Ob.-Gyn., Surg.
Buffalo General Hospital *	Buffalo	Allergy, Anes., Card. Dis., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Proct., Rad., Surg., Thor. Surg., Urol.
Buffalo State Hospital	Buffalo	Psych.
Children's Hospital *	Buffalo	Ortho. Surg., Ped. Allergy, Ped., Surg.
Deaconess Hospital *	Buffalo	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Edward J. Meyer Memorial Hospital *	Buffalo	Anes., Derm., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Emergency Hospital of the Sisters of Charity	Buffalo	Int. Med., Surg.
Mercy Hospital *	Buffalo	Gen'l Pract.
Millard Fillmore Hospital *	Buffalo	Anes., Gen'l Pract., Int. Med., Ob.-Gyn., Path., Proct., Rad., Surg., Urol.
Roswell Park Memorial Institute	Buffalo	Derm., Int. Med., Path., Rad., Surg.
Veterans Admin. Hospital	Buffalo	Anes., Int. Med., Ortho. Surg., Path., Rad., Surg., Thor. Surg.
Veterans Admin. Hospital	Canandaigua, N. Y.	Psych.
Veterans Admin. Hospital	Castle Point, N. Y.	Thor. Surg.
Central Islip State Hospital	Central Islip, N. Y.	Psych.
Clifton Springs Sanitarium and Clinic	Clifton Springs, N. Y.	Int. Med., Surg.
Mary Imogene Bassett Hospital *	Cooperstown, N. Y.	Int. Med., Ob-Gyn., Path., Ped., Surg.
Elmhurst General Hospital *	Elmhurst, N. Y.	Ob-Gyn., Ophth., Otol., Path., Ped., Phys. Med., Pul. Dis., Rad., Surg., Urol.
Arnot-Ogden Memorial Hospital *	Elmira, N. Y.	Path.
St. Joseph's Hospital *	Elmira, N. Y.	Path.
Nassau County Tuberculosis Hospital	Farmingdale, N. Y.	Pul. Dis.
Flushing Hospital and Dispensary *	Flushing, N. Y.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Community Hospital at Glen Cove *	Glen Cove, N. Y.	Gen'l Pract., Path.
Hillside Hospital	Glen Oaks, N. Y.	Psych.
Glens Falls Hospital *	Glens Falls, N. Y.	Path.
Headquarters, First U. S. Army	Governors Island, N. Y.	Pub. Health
St. Vincent's Hospital	Harrison, N. Y.	Psych.
Gowanda State Homeopathic Hospital	Helmuth, N. Y.	Psych.
Meadowbrook Hospital *	Hempstead, N. Y.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Irvington House	Irvington, N. Y.	Card. Dis.
Cornell University Infirmary	Ithaca, N. Y.	Int. Med.
Tompkins Memorial Hospital	Ithaca, N. Y.	Int. Med.
Jamaica Hospital	Jamaica, N. Y.	Int. Med., Ob.-Gyn., Surg.
Mary Immaculate Hospital *	Jamaica, N. Y.	Obst., Ped., Surg.
Queens General Hospital *	Jamaica, N. Y.	Int. Med. Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Triboro Hospital	Jamaica, N. Y.	Pul. Dis., Thor. Surg.
Charles S. Wilson Memorial Hospital *	Johnson City, N. Y.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Kings Park State Hospital	Kings Park, N. Y.	Psych.
Kingston Hospital	Kingston, N. Y.	Gen'l Pract.
Ulster County Tuberculosis Hospital	Kingston, N. Y.	Path., Pul. Dis.
Our Lady of Victory Hospital *	Lackawanna, N. Y.	Gen'l Pract.
Niagara Sanatorium	Lockport, N. Y.	Pul. Dis
St. Johns Long Island City Hospital *	Long Island City, N. Y.	Path.
North Shore Hospital	Manhasset, N. Y.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Marcy State Hospital	Marcy, N. Y.	Psych.
Middletown State Homeopathic Hospital	Middletown, N. Y.	Psych.
Nassau Hospital *	Mineola, N. Y.	Ob.-Gyn., Ortho. Surg., Path., Surg.
Veterans Admin. Hospital	Montrose, N. Y.	Psych.
Mount Morris Tuberculosis Hospital	Mount Morris, N. Y.	Pul. Dis., Thor. Surg.
Mount Vernon Hospital *	Mount Vernon, N. Y.	Int. Med., Ob.-Gyn., Path., Surg.
Long Island Jewish Hospital *	New Hyde Park, L. I., N. Y.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
New Rochelle Hospital *	New Rochelle, N. Y.	Int. Med., Path., Surg.
Babies Hospital	New York City	Surg.
Beekman-Downtown Hospital	New York City	Int. Med., Surg.
Bellevue Hospital Center		
Div. I—Columbia University *	New York City	Int. Med., Pul. Dis., Surg., Thor. Surg.
Div. II—Cornell University *	New York City	Int. Med., Neur., Surg., Urol.
Div. III—New York University College of Medicine *	New York City	Int. Med., Neur., Ob.-Gyn., Path., Ped., Phys. Med., Psych., Rad., Surg.
Div. IV—New York University Post-Graduate Medical School *	New York City	Anes., Derm., Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Otol., Surg., Urol.
Beth Israel Hospital *	New York City	Anes., Int. Med., Neuro. Surg., Ob-Gyn., Path., Ped., Plas. Surg., Rad., Surg., Urol.
Bird S. Coler Memorial Hospital and Home	New York City	Int. Med., Phys. Med.
Bronx Eye and Ear Infirmary	New York City	Ophth.
Bronx Hospital *	New York City	Int. Med., Ob.-Gyn., Path., Ped. Rad., Surg.
Bronx Municipal Hospital Center *	New York City	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
City of New York	New York City	Pub. Health
Columbus Hospital *	New York City	Int. Med., Surg.
Doctors Hospital	New York City	Path.
Flower and Fifth Avenue Hospitals	New York City	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Fordham Hospital *	New York City	Neur., Ob-Gyn., Path., Ped., Surg., Urol.
42nd Street Bed David Hospital *	New York City	Int. Med., Ob.-Gyn., Surg.
Francis Delafield Hospital	New York City	Gyn., Int. Med., Path., Plas. Surg., Rad., Surg., Urol.
French Hospital *	New York City	Int. Med., Ob.-Gyn., Surg., Urol.
Goldwater Memorial Hospital	New York City	
Columbia Univ. Division		Int. Med.
Open Div.		Ophth., Path., Phys. Med., Surg.
Third New York University Research Unit		Int. Med., Neur.
Gouverneur Hospital	New York City	Surg.
Harlem Eye and Ear Hospital	New York City	Ophth., Otol.
Harlem Hospital *	New York City	Anes., Int. Med., Ob.-Gyn., Path., Ped., Surg.
Hospital for Joint Diseases *	New York City	Anes., Gyn., Int. Med., Ortho. Surg., Path., Phys. Med., Rad., Surg.
Hospital for Special Surgery	New York City	Ortho. Surg.
Jewish Memorial Hospital *	New York City	Ob.-Gyn., Path. Surg.
Knickerbocker Hospital *	New York City	Gyn., Int. Med., Path., Surg.
Lebanon Hospital *	New York City	Path., Surg.
Lenox Hill Hospital *	New York City	Anes., Card. Dis., Int. Med., Neur., Ob-Gyn., Ophth., Path., Ped., Psych., Rad., Surg.
Lincoln Hospital *	New York City	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Manhattan Eye, Ear and Throat Hospital	New York City	Ophth., Otol.
Manhattan State Hospital	New York City	Psych.
Memorial Center for Cancer and Allied Diseases	New York City	Anes., Card. Dis., Int. Med., Path., Rad., Surg.
Metropolitan Hospital	New York City	Anes., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Pul. Dis., Rad., Surg., Thor. Surg., Urol.

* Indicates hospitals approved for training interns.

Name	Location	Approved Residencies
Misericordia Hospital *	New York City	Int. Med., Obst., Path., Ped., Surg.
Montefiore Hospital *	New York City	Anes., Int. Med., Neur., Neuro. Surg., Ophth., Path., Phys. Med., Pul. Dis., Rad., Surg., Thor. Surg.
Morrisania City Hospital *	New York City	Int. Med., Ob.-Gyn., Path., Ped., Pul. Dis., Rad., Surg., Urol.
Mother Cabrini Memorial Hospital *	New York City	Surg.
Mount Sinai Hospital *	New York City	Anes., Cardio. Dis., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
New York Eye and Ear Infirmary	New York City	Ophth., Otol.
New York Hospital *	New York City	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
New York Infirmary *	New York City	Int. Med., Ob.-Gyn., Ped., Surg.
New York Polyclinic Medical School and Hospital *	New York City	Anes., Derm., Gastro., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Urol.
New York State Psychiatric Institute and Hospital	New York City	Psych.
New York University-Bellevue Medical Center University Hospital	New York City	Derm., Gyn., Int. Med., Path., Ped., Psych., Rad.
Presbyterian Hospital *	New York City	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Plas. Surg., Psych., Rad., Surg., Urol.
Roosevelt Hospital *	New York City	Allergy, Gyn., Int. Med., Otol., Path., Ped. Allergy, Ped., Psych., Rad., Surg., Urol.
St. Barnabas Hospital for Chronic Diseases	New York City	Int. Med., Path.
St. Clare's Hospital *	New York City	Anes., Ob.-Gyn., Path., Ped., Surg., Urol.
St. Francis Hospital *	New York City	Int. Med., Ob.-Gyn., Path., Ped.
St. Joseph Hospital for Chest Diseases	New York City	Pul. Dis., Thor. Surg.
St. Luke's Hospital *	New York City	Anes., Card. Dis., Derm., Int. Med., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
St. Vincent's Hospital *	New York City	Anes., Int. Med., Neuro. Surg., Ob-Gyn., Ophth., Path., Ped., Phys. Med. Psych., Rad., Surg.
Sydenham Hospital *	New York City	Int. Med., Ob.-Gyn., Surg.
Veterans Admin. Hospital	New York City (Bronx)	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	New York City (Manhattan)	Derm., Int. Med., Neur., Ophth., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Woman's Hospital *	New York City	Ob.-Gyn.
Veterans Admin. Hospital	Northport, N. Y.	Psych.
St. Lawrence State Hospital	Ogdensburg, N. Y.	Psych.
Homer Folks Tuberculosis Hospital	Oneonta, N. Y.	Pul. Dis., Thor. Surg.
Rockland State Hospital	Orangeburg, N. Y.	Psych.
J. N. Adam Memorial Hospital	Perrysburg, N. Y.	Pul. Dis.
High Point Hospital	Port Chester, N. Y.	Psych.
United Hospital *	Port Chester, N. Y.	Obst., Path., Surg.
St. Charles Hospital	Port Jefferson, N. Y.	Ortho. Surg.
Hudson River State Hospital	Poughkeepsie, N. Y.	Psych.
Vassar Brothers Hospital *	Poughkeepsie, N. Y.	Path.
Creedmoor State Hospital	Queens Village, N. Y.	Psych.
Raybrook State Tuberculosis Hospital	Raybrook, N. Y.	Pul. Dis., Thor. Surg.
Astor Home for Children	Rhinebeck, N. Y.	Psych.
Genesee Hospital *	Rochester, N. Y.	Anes., Int. Med. Ob.-Gyn., Path., Ped., Rad., Sugr.
Highland Hospital *	Rochester, N. Y.	Int. Med., Ob.-Gyn., Surg.
Monroe County-Iola Sanatorium	Rochester, N. Y.	Pul. Dis.
Rochester General Hospital *	Rochester, N. Y.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg.
Rochester State Hospital	Rochester, N. Y.	Psych.
St. Mary's Hospital *	Rochester, N. Y.	Anes., Gen'l Pract., Int. Med., Ob.-Gyn., Ophth., Path., Ped., Rad., Surg.
Strong Memorial-Rochester Municipal Hospital *	Rochester, N. Y.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped. Allergy, Ped., Plas. Surg., Psych., Rad., Surg., Urol.
University of Rochester School of Medicine and Dentistry	Rochester, N. Y.	Occ. Med.
St. Francis Sanatorium for Cardiac Children	Roslyn, L. I., N. Y.	Card. Dis.
U. S. Naval Hospital *	St. Albans, N. Y.	Anes., Int. Med., Ob.-Gyn., Ophth., Path., Rad., Surg., Thor. Surg.
Ellis Hospital *	Schenectady, N. Y.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Psych., Surg.
Glenridge Sanatorium	Schenectady, N. Y.	Pul. Dis.
U. S. Public Health Service Hospital * Stapleton (Staten Island),	N. Y.	Anes., Derm., Int. Med., Ophth., Path., Psych., Rad., Surg., Urol.
St. Vincent's Hospital *	Staten Island, N. Y.	Ortho. Surg., Path.
Sea View Hospital	Staten Island, N. Y.	Ortho. Surg., Path., Pul. Dis., Thor. Surg.
Staten Island Hospital *	Staten Island, N. Y.	Path.
Veterans Admin. Hospital	Sunmount, N. Y.	Pul. Dis., Thor. Surg.
General Hospital *	Syracuse, N. Y.	Ob.-Gyn.
Onondaga Sanatorium	Syracuse, N. Y.	Pul. Dis.
St. Joseph's Hospital *	Syracuse, N. Y.	Anes., Ob.-Gyn., Path.
State University of New York Medical Center *	Syracuse, N. Y.	Anes., Int. Med., Ob-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Syracuse Psychiatric Hospital	Syracuse, N. Y.	Psych.
Veterans Admin. Hospital	Syracuse, N. Y.	Int. Med., Ortho. Surg., Path., Psych., Pul. Dis., Rad., Surg., Urol.
Letchworth Village	Thiells, N. Y.	Psych.
Samaritan Hospital *	Troy, N. Y.	Path.
Utica State Hospital	Utica, N. Y.	Path., Psych.
Grasslands Hospital *	Valhalla, N. Y.	Anes., Card. Dis., Int. Med., Ophth., Path., Ped., Psych., Pul. Dis., Rad., Surg.
Pilgrim State Hospital	West Brentwood, N. Y.	Psych.
Rehabilitation Hospital	West Haverstraw, N. Y.	Ortho. Surg.
New York Hospital-Westchester Division	White Plains, N. Y.	Psych.
White Plains Hospital *	White Plains, N. Y.	Int. Med., Surg
Willard State Hospital	Willard, N. Y.	Psych.
Harlem Valley State Hospital	Wingdale, N. Y.	Psych.
St. John's Riverside Hospital *	Yonkers, N. Y.	Path.
North Carolina Memorial Hospital *	Chapel Hill, N. C.	Anes., Gen'l Pract., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Charlotte Memorial Hospital *	Charlotte, N. C.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Surg., Thor. Surg., Urol.
Mercy Hospital	Charlotte, N. C.	Gen'l Pract.
Presbyterian Hospital	Charlotte, N. C.	Path.
Duke Hospital *	Durham, N. C.	Allergy, Anes., Card. Dis., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Ped. Allergy, Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Lincoln Hospital	Durham, N. C.	Ob.-Gyn., Surg.
McPherson Hospital	Durham, N. C.	Ophth., Otol.
Veterans Admin. Hospital	Durham, N. C.	Anes., Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Plas. Surg., Psych., Rad., Surg., Urol.
Watts Hospital *	Durham, N. C.	Int. Med., Ob-Gyn., Path., Ped.
U. S. Army Hospital *	Fort Bragg, N. C.	Surg.
North Carolina Orthopedic Hospital	Gastonia, N. C.	Ortho. Surg.
Moses H. Cone Memorial Hospital *	Greensboro, N. C.	Path.

* Indicates hospitals approved for training interns.

Name	Location	Approved Residencies
Veterans Admin. Hospital	Oteen, N. C.	Path., Pul. Dis., Thor. Surg
Rex Hospital *	Raleigh, N. C.	Ob.-Gyn. Ped., Surg.
St. Agnes Hospital	Raleigh, N. C.	Ob.-Gyn. Surg.
State Hospital	Raleigh, N. C.	Psych.
State of North Carolina	Raleigh, N. C.	Pub. Health
Babies Hospital	Wilmington, N. C.	Ped.
City Memorial Hospital *	Winston-Salem, N. C.	Gen'l Pract., Int. Med., Ped., Surg.
Kate Bitting Reynolds Memorial Hospital *	Winston-Salem, N. C.	Surg.
North Carolina Baptist Hospital *	Winston-Salem, N. C.	Anes., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Bismarck Hospital	Bismarck, N. Dak.	Int. Med., Rad. Surg.
St. Luke's Hospital *	Fargo, N. Dak.	Int. Med., Ob.-Gyn., Surg.
Akron City Hospital *	Akron, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg., Urol.
Akron General Hospital *	Akron, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
Children's Hospital	Akron, Ohio	Ortho. Surg., Ped.
St. Thomas Hospital *	Akron, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn., Surg.
Barberton Citizens Hospital *	Barberton, Ohio	Gen'l Pract.
Veterans Admin. Hospital	Brecksville, Ohio	Pul. Dis.
Aultman Hospital *	Canton, Ohio	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Mercy Hospital *	Canton, Ohio	Anes., Gen'l Pract., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Bethesda Hospital *	Cincinnati	Ob.-Gyn., Path.
Children's Hospital	Cincinnati	Neuro. Surg., Ortho. Surg., Ped., Surg.
Christ Hospital *	Cincinnati	Anes., Gen'l Pract., Int. Med., Neuro. Surg., Plas. Surg., Surg.
Cincinnati General Hospital *	Cincinnati	Card. Dis., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Deaconess Hospital	Cincinnati	Surg.
Good Samaritan Hospital *	Cincinnati	Gen'l Pract., Int. Med., Neuro. Surg., Path., Ped., Rad., Surg.
Jewish Hospital *	Cincinnati	Int. Med., Ortho. Surg., Path., Ped., Rad., Surg.
Longview State Hospital	Cincinnati	Psych.
St. Mary's Hospital *	Cincinnati	Cardio. Dis., Int. Med., Surg.
University of Cincinnati, Institute of Industrial Health	Cincinnati	Occ. Med.
Veterans Admin. Hospital	Cincinnati	Int. Med., Neuro. Surg., Psych., Surg., Urol.
Cleveland Clinic Hospital *	Cleveland	Anes., Card. Dis., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Cleveland Receiving Hospital and State Institute of Psychiatry	Cleveland	Psych.
Cuyahoga County Hospital *	Cleveland	Anes., Derm., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Path., Ped., Phys. Med., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Evangelical Deaconess Hospital *	Cleveland	Ob.-Gyn., Path., Surg.
Fairview Park Hospital *	Cleveland	Anes., Gen'l Pract., Int. Med., Ob.-Gyn., Surg.
Highland View—Cuyahoga County Hospital	Cleveland	Int. Med., Phys. Med.
Huron Road Hospital *	Cleveland	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg., Urol.
Lutheran Hospital *	Cleveland	Int. Med., Obst., Path., Surg.
Mount Sinai Hospital *	Cleveland	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
Polyclinic Hospital	Cleveland	Gen'l Pract
St. Alexis Hospital *	Cleveland	Anes., Obst., Surg.
St. Ann Hospital	Cleveland	Ob.-Gyn.
St. John's Hospital *	Cleveland	Int. Med., Ob.-Gyn., Surg.
St. Luke's Hospital *	Cleveland	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg.
St. Vincent Charity Hospital *	Cleveland	Int. Med., Path., Rad., Surg.
Sunny Acres, Cuyahoga County Tuberculosis Hospital	Cleveland	Pul. Dis., Thor. Surg.
University Hospitals *	Cleveland	Anes., Card. Dis., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Cleveland	Gastro., Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Woman's Hospital	Cleveland	Gen'l Pract.
Benjamin Franklin Hospital	Columbus, Ohio	Thor. Surg.
Children's Hospital	Columbus, Ohio	Ortho. Surg., Otol., Path., Ped., Surg.
Columbus State Hospital	Columbus, Ohio	Psych.
Grant Hospital *	Columbus, Ohio	Path.
Mount Carmel Hospital *	Columbus, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Surg., Thor. Surg.
Ohio State University Hospitals Columbus Phychiatric Institute and Hospital	Columbus, Ohio	Psych.
Ohio Tuberculosis Hospital	Columbus, Ohio	Pul. Dis., Thor. Surg.
University Hospital *	Columbus, Ohio	Allergy, Anes. Aviat. Med., Card. Dis., Gastro., Int. Med., Neur., Neuro Surg., Ob.-Gyn., Occ. Med. Ophth., Ortho. Surg., Otol., Path., Phys. Med., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
St. Ann Hospital for Women	Columbus, Ohio	Ob.-Gyn.
St. Anthony Hospital	Columbus, Ohio	Gen'l Pract.
White Cross Hospital *	Columbus, Ohio	Card. Dis., Gen'l Pract., Int. Med., Neuro. Surg., Ob.-Gyn., Ortho. Surg., Path., Surg.
Good Samaritan Hospital *	Dayton, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn. Surg.
Miami Valley Hospital *	Dayton, Ohio	Gen'l Pract., Int. Med., Obst., Path., Rad., Surg.
St. Elizabeth Hospital *	Dayton, Ohio	Surg.
Veterans Dayton, Hospital	Dayton, Ohio	Int. Med., Path., Phys. Med., Rad., Surg., Urol.
Wright-Patterson Air Force Base	Dayton, Ohio	Aviat. Med
Elyria Memorial Hospital and Gates Hospital for Crippled Children *	Elyria, Ohio	Gen'l Pract. Ortho. Surg., Path., Rad.
Euclid-Glenville Hospital *	Euclid, Ohio	Gen'l Pract
Marymount Hospital *	Garfield Heights, Ohio	Anes., Int. Med., Ob.-Gyn., Surg.
Mercy Hospital *	Hamilton, Ohio	Anes., Int. Med., Ob.-Gyn., Path., Surg.
Lakewood Hospital *	Lakewood, Ohio	Int. Med., Ob.-Gyn., Surg.
Lima Memorial Hospital *	Lima, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn., Surg.
St. Rita's Hospital *	Lima, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Surg.
St. Joseph Hospital *	Lorain, Ohio	Rad.
Mansfield General Hospital	Mansfield, Ohio	Surg.
Springfield City Hospital *	Springfield, Ohio	Path.
Ohio Valley Hospital *	Steubenville, Ohio	Gen'l Pract.
Flower Hospital *	Toledo, Ohio	Surg.
Maumee Valley Hospital *	Toledo, Ohio	Int. Med., Obst., Path., Surg.
Mercy Hospital *	Toledo, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
St. Charles Hospital *	Toledo, Ohio	Gen'l Pract., Psych.
St. Vincent's Hospital *	Toledo, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Surg., Urol.
Toledo Hospital *	Toledo, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn., Path.
St. Joseph Riverside Hospital	Warren, Ohio	Gen'l Pract.
Trumbull Memorial Hospital *	Warren, Ohio	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Harding Sanitarium	Worthington, Ohio	Psych.

* Indicates hospitals approved for training interns.

Name	Location	Approved Residencies
St. Elizabeth Hospital *	Youngstown, Ohio	Int. Med., Ob.-Gyn., Path., Surg.
Youngstown Hospital *	Youngstown, Ohio	Anes., Gen'l Pract., Int. Med., Ortho. Surg., Path., Proct., Rad., Surg.
Central Oklahoma State Hospital	Norman, Okla.	Psych.
Bone and Joint Hospital and McBride Clinic	Oklahoma City	Ortho. Surg.
St. Anthony Hospital *	Oklahoma City	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Surg.
State of Oklahoma	Oklahoma City	Pub. Health.
University Hospitals *	Oklahoma City	Anes., Card. Dis., Derm., Gen'l Pract., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital *	Oklahoma City	Anes., Card. Dis., Derm., Int. Med., Neur., Ortho. Surg., Psych., Rad., Surg., Urol.
Wesley Hospital *	Oklahoma City	Int. Med., Rad., Surg.
Hillcrest Medical Center *	Tulsa, Okla.	Ob.-Gyn., Path., Ped., Surg.
St. John's Hospital *	Tulsa, Okla.	Int. Med., Ob.-Gyn., Path., Ped., Plas. Surg., Rad., Surg.
Emanuel Hospital *	Portland, Ore.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Surg.
Good Samaritan Hospital *	Portland, Ore.	Int. Med., Neuro. Surg., Path., Surg.
Providence Hospital *	Portland, Ore.	Int. Med., Path., Rad., Surg.
St. Vincent's Hospital *	Portland, Ore.	Gen'l Pract., Int. Med., Path., Rad., Surg.
Shriner's Hospital for Crippled Children	Portland, Ore.	Ortho. Surg.
State of Oregon	Portland, Ore.	Pub. Health
University of Oregon Medical School Hospitals and Clinics *	Portland, Ore.	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	Portland, Ore.	Card. Dis., Gastro., Int. Med., Neuro. Surg., Ortho. Surg., Otol., Path., Phys. Med., Surg., Urol.
Oregon State Hospital	Salem, Ore.	Psych.
Abington Memorial Hospital *	Abington, Pa.	Int. Med., Ob.-Gyn., Path., Psych., Rad., Surg.
Allentown Hospital *	Allentown, Pa.	Int. Med., Ob.-Gyn., Path., Plas. Surg., Proct., Surg.
Allentown State Hospital	Allentown, Pa.	Psych.
Sacred Heart Hospital *	Allentown, Pa.	Int. Med., Path., Rad., Surg.
Altoona Hospital *	Altoona, Pa.	Gen'l Pract., Ob.-Gyn., Path. Surg.
St. Luke's Hospital *	Bethlehem, Pa.	Gen'l Pract., Int. Med., Ob.-Gyn., Path. Surg.
Bradford Hospital *	Bradford, Pa.	Surg.
Bryn Mawr Hospital *	Bryn Mawr, Pa.	Int. Med., Path., Rad., Surg.
Chester Hospital *	Chester, Pa.	Gen'l Pract., Path.
Veterans Admin. Hospital	Coatesville, Pa.	Psych.
Danville State Hospital	Danville, Pa.	Psych.
George F. Geisinger Memorial Hospital *	Danville, Pa.	Anes., Derm., Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Otol., Path., Ped., Rad., Surg.
Fitzgerald-Mercy Hospital *	Darby, Pa.	Gen'l Pract., Ob.-Gyn., Path., Rad.
Eagleville Sanatorium for Consumptives	Eagleville, Pa.	Pul. Dis.
Easton Hospital *	Easton, Pa.	Int. Med., Surg.
State Hospital for Crippled Children	Elizabethtown, Pa.	Ortho. Surg.
Embreeville State Hospital	Embreeville, Pa.	Psych.
Hamot Hospital *	Erie, Pa.	Int. Med., Ortho. Surg., Path., Rad., Surg., Urol.
St. Vincent's Hospital *	Erie, Pa.	Path., Rad., Surg., Urol.
Chas. H. Miner State Hospital	Hamburg, Pa.	Pul. Dis.
Harrisburg Hospital *	Harrisburg, Pa.	Int. Med., Ob.-Gyn., Path., Ped., Surg., Urol.
Harrisburg Polyclinic Hospital *	Harrisburg, Pa.	Int. Med., Path., Ped., Surg.
Harrisburg State Hospital	Harrisburg, Pa.	Psych.
Hazleton State Hospital	Hazleton, Pa.	Surg.
Conemaugh Valley Memorial Hospital *	Johnstown, Pa.	Anes., Path.
Lancaster General Hospital *	Lancaster, Pa.	Path.
St. Joseph's Hospital *	Lancaster, Pa.	Path.
Mayview State Hospital	Mayview, Pa.	Psych.
Montgomery Hospital *	Norristown, Pa.	Gen'l Pract., Path.
Norristown State Hospital	Norristown, Pa.	Psych.
Sacred Heart Hospital *	Norristown, Pa.	Gen'l Pract. Surg.
Albert Einstein Medical Center Northern Division *	Philadelphia	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Southern Division *	Philadelphia	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Chestnut Hill Hospital *	Philadelphia	Int. Med., Ob.-Gyn., Rad.
Children's Hospital	Philadelphia	Ortho. Surg., Ped., Surg.
Eastern Pennsylvania Psychiatric Institute	Philadelphia	Psych.
Episcopal Hospital *	Philadelphia	Int. Med., Ob.-Gyn., Path., Rad., Surg., Thor. Surg., Urol.
Frankford Hospital *	Philadelphia	Int. Med., Ob.-Gyn., Path., Surg.
Friends Hospital	Philadelphia	Psych.
Germantown Dispensary and Hospital *	Philadelphia	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Graduate Hospital of the University of Pennsylvania *	Philadelphia	Anes., Card. Dis., Derm., Gastro., Gyn., Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Pul. Dis., Rad., Surg., Urol.
Hahnemann Medical College and Hospital *	Philadelphia	Anes., Derm., Int. Med., Neuro. Surg., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Hospital of the University of Pennsylvania *	Philadelphia	Anes., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Urol.
Hospital of the Women's College of Pennsylvania *	Philadelphia	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Institute of the Pennsylvania Hospital	Philadelphia	Psych.
Jeanes Hospital	Philadelphia	Rad.
Jefferson Medical College Hospital *	Philadelphia	Anes., Derm., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Lankenau Hospital *	Philadelphia	Int. Med., Ob.-Gyn., Path., Surg.
Mercy-Douglass Hospital *	Philadelphia	Int. Med., Ob.-Gyn., Surg.
Methodist Episcopal Hospital *	Philadelphia	Int. Med., Ob.-Gyn., Surg.
Misericordia Hospital *	Philadelphia	Ob.-Gyn., Path., Surg.
Nazareth Hospital *	Philadelphia	Int. Med., Rad., Surg.
Pennsylvania Hospital *	Philadelphia	Anes., Card. Dis., Derm., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg., Urol.
Pennsylvania Hospital-Department for Mental and Nervous Diseases	Philadelphia	Psych.
Philadelphia General Hospital *	Philadelphia	Anes., Card. Dis., Derm., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Philadelphia General Hospital—Northern Division	Philadelphia	Pul. Dis.
Philadelphia Psychiatric Hospital	Philadelphia	Psych.

* Indicates hospitals approved for training interns.

Name	Location	Approved Residencies
Philadelphia State Hospital	Philadelphia	Psych.
Presbyterian Hospital *	Philadelphia	Anes., Card. Dis., Int. Med., Ob.-Gyn., Path., Rad., Surg., Thor. Surg.
St. Christopher's Hospital for Children	Philadelphia	Ped.
St. Joseph's Hospital *	Philadelphia	Surg.
St. Luke's and Children's Medical Center	Philadelphia	Ped.
St. Mary's Hospital *	Philadelphia	Gen'l Pract., Ob.-Gyn., Surg.
Shriners Hospital for Crippled Children	Philadelphia	Ortho. Surg.
Skin and Cancer Hospital	Philadelphia	Derm.
Temple University Hospital	Philadelphia	Allergy, Anes., Card. Dis., Gastro., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Proct., Psych., Rad., Surg., Urol.
U. S. Naval Hospital *	Philadelphia	Anes., Derm., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Philadelphia	Cardio. Dis., Int. Med., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Urol.
Wills Eye Hospital	Philadelphia	Ophth.
Woman's Hospital	Philadelphia	Ob.-Gyn., Surg.
Allegheny General Hospital *	Pittsburgh	Anes., Int. Med., Ortho. Surg., Path., Ped., Rad., Surg., Thor., Surg., Urol.
Children's Hospital	Pittsburgh	Neuro. Surg., Ortho. Surg., Path., Ped., Surg.
Elizabeth Steel Magee Hospital	Pittsburgh	Int. Med., Ob.-Gyn., Path.
Eye and Ear Hospital	Pittsburgh	Ophth., Otol.
Mercy Hospital *	Pittsburgh	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Otol., Path., Rad., Surg., Urol.
Montefiore Hospital *	Pittsburgh	Allergy, Anes., Int. Med., Obst., Ophth., Path., Rad., Surg.
Pittsburgh Hospital *	Pittsburgh	Int. Med., Ob.-Gyn.
Presbyterian Hospital *	Pittsburgh	Card. Dis., Int. Med., Neuro. Surg., Ortho. Surg., Path., Plas. Surg., Proct., Rad., Surg., Urol.
St. Clair Memorial Hospital	Pittsburgh	Gen'l Pract.
St. Francis General Hospital and Rehabilitation Institute *	Pittsburgh	Anes., Card. Dis., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Psych., Rad., Surg.
St. Margaret Memorial Hospital *	Pittsburgh	Int. Med., Ob.-Gyn., Path., Surg.
Shadyside Hospital *	Pittsburgh	Path.
South Side Hospital *	Pittsburgh	Ob.-Gyn., Path.
University of Pittsburgh Graduate School of Public Health	Pittsburgh	Occ. Med.
Veterans Admin. Hospital	Pittsburgh	Allergy., Int. Med., Neur., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Rad., Surg., Urol.
Western Pennsylvania Hospital *	Pittsburgh	Int. Med., Obst., Path., Rad., Surg.
Western Psychiatric Institute and Clinic	Pittsburgh	Psych.
A. C. Milliken Hospital	Pottsville, Pa.	Gen'l Pract.
Community General Hospital *	Reading, Pa.	Gen'l Pract., Path.
Reading Hospital *	Reading, Pa.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
St. Joseph's Hospital *	Reading, Pa.	Path., Surg.
Robert Packer Hospital *	Sayre, Pa.	Anes., Int. Med., Neuro. Surg., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Scranton State Hospital *	Scranton, Pa.	Path.
Samuel G. Dixon Hospital	South Mountain, Pa.	Pul. Dis.
Warren State Hospital	Warren, Pa.	Psych.
Chester County Hospital *	West Chester, Pa.	Rad.
Mercy Hospital *	Wilkes-Barre, Pa.	Surg., Urol.
Wilkes-Barre General Hospital *	Wilkes-Barre, Pa.	Path., Surg., Urol.
Columbia Hospital *	Wilkinsburg, Pa.	Surg.
Williamsport Hospital *	Williamsport, Pa.	Path., Surg.
York Hospital *	York, Pa.	Path., Surg.
State Hospital for Mental Diseases	Howard, R. I.	Psych.
Newport Hospital *	Newport, R. I.	Gen'l Pract., Int. Med., Path.
Memorial Hospital *	Pawtucket, R. I.	Gen'l Pract., Int. Med., Path.
Charles V. Chapin Hospital	Providence, R. I.	Ped., Psych.
Miriam Hospital *	Providence, R. I.	Anes., Int. Med.
Providence Lying-In Hospital	Providence, R. I.	Obst.
Rhode Island Hospital *	Providence, R. I.	Anes., Card. Dis., Gyn., Int. Med., Ortho. Surg., Otol., Path., Ped. Allergy, Ped., Rad., Surg., Urol.
Veterans Admin. Hospital	Providence, R. I.	Int. Med., Surg.
Emma Pendleton Bradley Home	Riverside, R. I.	Psych.
Woonsocket Hospital	Woonsocket, R. I.	Gen'l Pract.
Teaching Hospitals of the Medical College of South Carolina *	Charleston, S. C.	Anes., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Medical College Hospital		
Roper Hospital		
Columbia Hospital *	Columbia, S. C.	Int. Med., Ob.-Gyn., Ortho. Surg., Ped., Surg.
Veterans Admin. Hospital	Columbia, S. C.	Int. Med., Surg.
McLeod Infirmary *	Florence, S. C.	Ob.-Gyn.
Greenville General Hospital *	Greenville, S. C.	Gen'l Pract., Ob.-Gyn., Ortho. Surg., Path., Ped., Surg.
Shriners Hospital for Crippled Children	Greenville, S. C.	Ortho. Surg.
Spartanburg General Hospital *	Spartanburg, S. C.	Gen'l Pract., Path., Rad., Surg.
Sioux Valley Hospital *	Sioux Falls, S. Dak.	Gen'l Pract.
Sacred Heart Hospital *	Yankton, S. Dak.	Gen'l Pract., Surg.
Baroness Erlanger Hospital *	Chattanooga, Tenn.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
Memorial Hospital	Chattanooga, Tenn.	Ob.-Gyn., Surg.
Newell Hospital	Chattanooga, Tenn.	Surg.
T. C. Thompson Children's Hospital	Chattanooga, Tenn.	Ped.
East Tennessee Baptist Hospital *	Knoxville, Tenn.	Ortho. Surg., Path.
East Tennessee Crippled Children's Hospital	Knoxville, Tenn.	Ortho. Surg.
St. Mary's Memorial Hospital *	Knoxville, Tenn.	Gen'l Pract., Int. Med., Ortho. Surg., Path., Surg.
University of Tennessee Memorial Research Center and Hospital *	Knoxville, Tenn.	Anes., Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Surg.
Baptist Memorial Hospital *	Memphis, Tenn.	Neuro. Surg., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Campbell Clinic Hospital	Memphis, Tenn.	Ortho. Surg
City of Memphis Hospitals *	Memphis, Tenn.	Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Path., Ped., Rad., Surg., Urol.
Gailor Memorial Psychiatric Hospital	Memphis, Tenn.	Psych.
LeBonheur Children's Hospital	Memphis, Tenn.	Ped.
Memphis Eye, Ear, Nose and Throat Hospital	Memphis, Tenn.	Ophth.
Methodist Hospital *	Memphis, Tenn.	Path., Rad., Surg.
St. Joseph's Hospital *	Memphis, Tenn.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Veterans Admin. Hospital	Memphis, Tenn.	Gastro., Int. Med., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Pul. Dis., Rad., Surg., Thor. Surg., Urol.

* Indicates hospitals approved for training interns.

Name	Location	Approved Residencies
West Tennessee Tuberculosis Hospital	Memphis, Tenn.	Pul. Dis., Thor. Surg.
Baptist Hospital *	Nashville, Tenn.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Surg.
George W. Hubbard Hospital of Meharry Medical College *	Nashville, Tenn.	Int. Med., Obst., Path., Ped., Surg., Urol.
Nashville General Hospital *	Nashville, Tenn.	Int. Med., Ob.-Gyn., Path., Surg.
St. Thomas Hospital *	Nashville, Tenn.	Int. Med., Ob.-Gyn., Surg.
Vanderbilt University Hospital *	Nashville, Tenn.	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	Nashville, Tenn.	Int. Med., Pul. Dis., Rad., Surg.
Oak Ridge Institute of Nuclear Studies	Oak Ridge, Tenn.	Int. Med., Path.
Oakville Memorial Sanatorium	Oakville, Tenn.	Pul. Dis.
Austin State Hospital	Austin, Texas	Psych.
Brackenridge Hospital *	Austin, Texas	Ob.-Gyn., Path., Surg.
State of Texas	Austin, Texas	Pub. Health
Driscoll Foundation Children's Hospital	Corpus Christi, Texas	Ped.
Baylor University Hospital *	Dallas, Texas	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Phys. Med., Plas. Surg., Proct., Rad., Surg., Thor. Surg., Urol.
Children's Medical Center *	Dallas, Texas	Ped. Allergy, Ped.
Gaston Hospital	Dallas, Texas	Surg.
Methodist Hospital *	Dallas, Texas	Int. Med., Ob.-Gyn., Path., Surg.
Parkland Memorial Hospital *	Dallas, Texas	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Psych., Pul. Dis., Rad., Surg., Urol.
St. Paul's Hospital *	Dallas, Texas	Int. Med., Ob.-Gyn., Path., Ped., Rad.
Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas	Ortho. Surg.
Timberlawn Sanitarium	Dallas, Texas	Psych.
Veterans Admin. Hospital *	Dallas, Texas	Int. Med., Ophth., Ortho. Surg., Otol., Rad., Surg., Thor. Surg., Urol.
Hotel Dieu *	El Paso, Texas	Ob.-Gyn.
William Beaumont Army Hospital *	El Paso, Texas	Int. Med., Ob.-Gyn., Ped., Surg.
All Saints Hospital	Fort Worth, Texas	Gen'l Pract.
Harris Hospital *	Fort Worth, Texas	Anes., Int. Med., Ob.-Gyn., Path., Surg.
St. Joseph Hospital *	Forth Worth, Texas	Path.
St. Mary's Hospital	Galveston, Texas	Gen'l Pract.
University of Texas Medical Branch Hospitals *	Galveston, Texas	Anes., Card. Dis., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
Gonzales Warm Springs Foundation for Crippled Children	Gonzales, Texas	Phys. Med.
Hermann Hospital *	Houston, Texas	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Jefferson Davis Hospital *	Houston, Texas	Anes., Derm., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
Memorial Hospital *	Houston, Texas	Gen'l Pract., Path.
Methodist Hospital *	Houston, Texas	Anes., Derm., Int. Med., Neuro. Surg., Ob.-Gyn., Otol., Path., Ped., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
St. Joseph's Hospital *	Houston, Texas	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
St. Luke's Episcopal Hospital	Houston, Texas	Ob.-Gyn., Surg., Urol.
Southern Pacific Hospital	Houston, Texas	Surg.
Texas Children's Hospital	Houston, Texas	Derm., Path., Ped., Plas. Surg., Surg.
University of Texas M. D. Anderson Hospital for Cancer Research	Houston, Texas	Anes., Gyn., Int. Med., Path., Rad., Surg.
Veterans Admin. Hospital	Houston, Texas	Anes., Derm., Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Nan Travis Memorial Hospital	Jacksonville, Texas	Gen'l Pract.
Veterans Admin. Hospital	McKinney, Texas	Int. Med., Path., Pul. Dis., Surg.
U. S. Air Force School of Aviation Medicine	Randolph Field, Texas	Aviat. Med.
Baptist Memorial Hospital *	San Antonio, Texas	Gen'l Pract., Ob.-Gyn., Path., Rad., Surg.
Brooke Army Hospital *	San Antonio, Texas	Anes., Card. Dis., Derm., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Plas. Surg., Rad., Surg., Urol.
Robert B. Green Memorial Hospital *	San Antonio, Texas	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Santa Rosa Hospital *	San Antonio, Texas	Gen'l Pract., Int. Med., Path., Ped., Rad.
U. S. Air Force Hospital (Lackland) *	San Antonio, Texas	Anes., Gen'l Pract., Int. Med., Ortho. Surg., Path., Ped., Rad., Surg.
Scott and White Memorial Hospital *	Temple, Texas	Anes., Int. Med., Ophth., Ortho. Surg., Path., Rad., Surg.
U. S. Air Force Hospital	Wichita Falls, Texas	Surg.
Wichita General Hospital	Wichita Falls, Texas	Gen'l Pract.
St. Benedict's Hospital *	Ogden, Utah	Gen'l Pract., Path.
Thomas D. Dee Memorial Hospital *	Ogden, Utah	Anes., Gen'l. Pract., Int. Med., Ob.-Gyn., Path., Surg.
Dr. W. H. Groves Latter-Day Saints Hospital *	Salt Lake City	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Plas. Surg., Rad., Surg., Thor. Surg.
Holy Cross Hospital *	Salt Lake City	Int. Med., Ob.-Gyn., Path., Rad. Surg.
Primary Children's Hospital	Salt Lake City	Ortho. Surg.
St. Mark's Hospital *	Salt Lake City	Rad., Surg.
Salt Lake County General Hospital *	Salt Lake City	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Psych., Rad., Surg.
Shriners Hospital for Crippled Children	Salt Lake City	Ortho. Surg.
Veterans Admin. Hospital *	Salt Lake City	Int. Med., Neur., Ortho. Surg., Path., Psych., Rad., Surg.
Brattleboro Retreat	Brattleboro, Vt.	Psych.
DeGoesbriand Memorial Hospital *	Burlington, Vt.	Anes., Gen'l Pract., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Otol., Path., Ped., Rad., Surg., Urol.
Mary Fletcher Hospital *	Burlington, Vt.	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Otol., Path., Ped., Rad., Surg., Urol.
Vermont State Hospital	Waterbury, Vt.	Psych.
Veterans Admin. Hospital	White River Junction, Vt.	Anes., Int. Med., Neuro. Surg., Ortho. Surg., Surg., Urol.
Alexandria Hospital *	Alexandria, Va.	Int. Med., Ob.-Gyn.
Arlington Hospital	Arlington, Va.	Ob.-Gyn.
Blue Ridge Sanatorium	Charlottesville, Va.	Pul. Dis.
University of Virginia Hospital *	Charlottesville, Va.	Allergy, Anes., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Chesapeake & Ohio Railway Employees Hospital *	Clifton, Forge, Va.	Int. Med., Surg.
Memorial Hospital *	Danville, Va.	Path., Urol.
U. S. Army Hospital	Fort Belvoir, Va.	Surg.
Lynchburg General Hospital	Lynchburg, Va.	Path., Surg.
Riverside Hospital *	Newport News, Va.	Gen'l Pract. Int. Med., Ob.-Gyn., Path., Surg.
De Paul Hospital *	Norfolk, Va.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Norfolk Community Hospital	Norfolk, Va.	Gen'l Pract.
Norfolk General Hospital *	Norfolk, Va.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Rad., Surg.
U. S. Public Health Service Hospital *	Norfolk, Va.	Gen'l Pract.
U. S. Naval Hospital *	Portsmouth, Va.	Int. Med., Ob.-Gyn., Ortho. Surg., Ped., Surg.

* Indicates hospitals approved for training interns.

195
V. 1

Name	Location	Approved Residencies
Crippled Children's Hospital	Richmond, Va.	Ortho. Surg.
Johnston-Willis Hospital *	Richmond, Va.	Int. Med., Ob.-Gyn., Path., Surg.
Medical College of Virginia—Hospital Division *	Richmond, Va.	Allergy, Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Richmond Memorial Hospital *	Richmond, Va.	Path., Surg.
St. Elizabeth Hospital	Richmond, Va.	Surg.
State of Virginia	Richmond, Va.	Pub. Health
Veterans Admin. Hospital	Richmond, Va.	Anes., Card. Dis., Gastro., Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Path., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Gill Memorial Eye, Ear and Throat Hospital	Roanoke, Va.	Ophth., Otol.
Jefferson Hospital *	Roanoke, Va.	Int. Med., Surg.
Lewis-Gale Hospital *	Roanoke, Va.	Surg.
Louise Obici Memorial Hospital	Suffolk, Va.	Gen'l Pract.
Eastern State Hospital	Williamsburg, Va.	Psych.
Madigan Army Hospital *	Fort Lewis, Wash.	Int. Med., Ob.-Gyn., Ped., Surg.
Children's Orthopedic Hospital *	Seattle	Anes., Ortho. Surg., Ped., Surg.
Doctor's Hospital *	Seattle	Anes., Int. Med., Ob.-Gyn., Path., Surg.
Firland Sanatorium	Seattle	Pul. Dis., Thor. Surg.
King County Hospital Unit 1 (Harborview) *	Seattle	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Psych., Surg., Urol.
Pinel Foundation	Seattle	Psych.
Providence Hospital *	Seattle	Gen'l Pract., Int. Med., Obst., Ortho. Surg., Path., Rad., Surg.
State of Washington	Seattle	Pub. Health
Swedish Hospital *	Seattle	Anes., Int. Med., Ob.-Gyn., Path., Surg.
U. S. Public Health Service Hospital *	Seattle	Int. Med., Path., Surg.
Veterans Admin. Hospital	Seattle	Anes., Int. Med., Neur., Ortho. Surg., Path., Psych., Surg., Urol.
Virginia Mason Hospital *	Seattle	Anes., Int. Med., Obst., Path., Rad., Surg.
Deaconess Hospital *	Spokane, Wash.	Path.
Sacred Heart Hospital *	Spokane, Wash.	Gen'l Pract., Ob.-Gyn., Path., Rad., Surg.
St. Luke's Hospital *	Spokane, Wash.	Gen'l Pract., Ob.-Gyn., Path.
Shriners Hospital for Crippled Children	Spokane, Wash.	Ortho. Surg.
St. Joseph Hospital *	Tacoma, Wash.	Path.
Tacoma General Hospital *	Tacoma, Wash.	Anes., Path.
Beckley Hospital	Beckley, W. Va.	Surg.
Beckley Memorial Hospital	Beckley, W. Va.	Int. Med., Path., Ped., Surg.
Bluefield Sanitarium	Bluefield, W. Va.	Gen'l Pract.
Charleston General Hospital *	Charleston, W. Va.	Gen'l Pract., Int. Med., Path., Surg.
Kanawha Valley Hospital *	Charleston, W. Va.	Surg.
Memorial Hospital *	Charleston, W. Va.	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Surg.
St. Mary's Hospital	Clarksburg, W. Va.	Path.
Cabell-Huntington Hospital *	Huntington, W. Va.	Gen'l Pract., Int. Med., Path., Surg.
Chesapeake & Ohio Hospital	Huntington, W. Va.	Int. Med., Surg.
St. Mary's Hospital *	Huntington, W. Va.	Path., Surg.
Veterans Admin. Hospital	Martinsburg, W. Va.	Path., Rad., Surg.
Laird Memorial Hospital	Montgomery, W. Va.	Surg.
Camden-Clark Memorial Hospital *	Parkersburg, W. Va.	Gen'l Pract.
St. Joseph's Hospital *	Parkersburg, W. Va.	Gen'l Pract.
Broaddus Hospital	Philippi, W. Va.	Surg.
Ohio Valley General Hospital *	Wheeling, W. Va.	Anes., Gen'l Pract., Int. Med., Path., Surg.
Luther Hospital *	Eau Claire, Wis.	Gen'l Pract.
St. Agnes Hospital *	Fondulac, Wis.	Path.
Mercy Hospital *	Janesville, Wis.	Surg.
La Crosse Lutheran Hospital *	La Crosse, Wis.	Int. Med., Surg.
Madison General Hospital *	Madison, Wis.	Int. Med. Path., Surg., Urol.
Mendota State Hospital	Madison, Wis.	Psych.
Methodist Hospital *	Madison, Wis.	Surg.
St. Mary's Hospital *	Madison, Wis.	Int. Med., Ob.-Gyn.
University Hospitals *	Madison, Wis.	Allergy, Anes., Card. Dis., Derm., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped. Allergy, Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Madison, Wis.	Pul. Dis.
St. Joseph's Hospital *	Marshfield, Wis.	Int. Med., Surg.
Columbia Hospital *	Milwaukee	Int. Med., Obst., Ortho. Surg., Path., Rad., Surg.
Evangelical Deaconess Hospital *	Milwaukee	Gen'l Pract., Path., Rad., Surg.
Milwaukee Children's Hospital *	Milwaukee	Ortho. Surg., Ped.
Milwaukee County Hospital *	Milwaukee	Gen'l Pract., Int. Med., Ob.-Gyn., Ophth., Path., Ped., Proct., Rad., Surg., Urol.
Milwaukee Hospital *	Milwaukee	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Mount Sinai Hospital *	Milwaukee	Int. Med., Ob.-Gyn.
Muirdale Sanitorium	Milwaukee	Pul. Dis.
St. Joseph's Hospital *	Milwaukee	Int. Med., Ob.-Gyn., Path., Rad., Surg.
St. Luke's Hospital *	Milwaukee	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Rad., Surg.
St. Mary's Hospital *	Milwaukee	Int. Med. Ob.-Gyn., Path.
St. Michael's Hospital *	Milwaukee	Gen'l Pract.
Veterans Admin. Hospital	Milwaukee (Wood)	Anes., Derm., Gastro., Int. Med., Ophth., Ortho. Surg., Otol., Path., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Milwaukee Sanitorium	Wauwatosa, Wis.	Psych.
Gorgas Hospital *	Ancon, C. Z.	Int. Med., Ob.-Gyn., Ophth., Path., Ped., Surg.
Kapiolani Maternity and Gynecological Hospital	Honolulu, T. H.	Ob.-Gyn.
Kauikeolani Children's Hospital	Honolulu, T. H.	Ped.
Leahi Hospital	Honolulu, T. H.	Pul. Dis., Thor. Surg.
Queen's Hospital *	Honolulu, T. H.	Int. Med., Ob.-Gyn., Path., Psych., Surg.
St. Francis Hospital *	Honolulu, T. H.	Int. Med., Ob.-Gyn., Path.
Shriners Hospital for Crippled Children	Honolulu, T. H.	Ortho. Surg.
Tripler Army Hospital *	Honolulu, T. H.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Territorial Hospital	Kaneohe, Oahu, T. H.	Psych.
Aguadillo District Hospital *	Aguadillo, P. R.	Path.
Arecibo District Hospital *	Arecibo, P. R.	Gen'l Pract., Path.
Bayamon District Hospital *	Bayamon, P. R.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Puerto Rico Institute of Psychiatry, Inc.	Bayamon, P. R.	Psych.
Sociedad Espanola De Auxilio Mutuo	Hatorey, P. R.	Gen'l Pract.
Ponce District General Hospital *	Ponce, P. R.	Int. Med., Ob.-Gyn.
Psychiatric Center for Training and Research	Rio Piedras, P. R.	Psych.
Dr. I. Gonzalez Martinez Oncologic Hospital	San Juan, P. R.	Path.
San Juan City Hospital *	San Juan, P. R.	Anes., Int. Med., Ob.-Gyn., Ophth., Path., Ped., Rad., Surg., Urol.
Veterans Admin. Hospital	San Juan, P. R.	Int. Med., Path., Phys. Med., Rad., Surg.

* Indicates hospitals approved for training interns.

REQUIREMENTS FOR CERTIFICATION

AMERICAN SPECIALTY BOARDS

Examining and certifying boards in 19 specialties have been approved by the Council on Medical Education and Hospitals of the American Medical Association and the Advisory Board for Medical Specialties on the basis of minimal standards governing accreditation of specialty boards as formulated by the Council.

The primary purposes of the boards are (1) to conduct investigations and examinations to determine the competence of voluntary candidates for certificates issued by the respective boards, (2) to grant and issue certificates of qualification to candidates successful in demonstrating their proficiency, (3) to stimulate the development of adequate training facilities, (4) to aid in evaluating residencies and fellowships under consideration by the Council on Medical Education and Hospitals of the American Medical Association, and (5) to advise physicians desiring certification as to the course of study and training to be pursued.

The boards are in no sense educational institutions, and the certificate of a board is not to be considered a degree. It does not confer on any person legal qualifications, privileges, or a license to practice medicine or a specialty. The boards do not purport in any way to interfere with or limit the professional activities of any licensed physician, nor do they desire to interfere with any practitioners of medicine in any of their regular or legitimate duties.

Two boards certify candidates in subspecialties. The American Board of Internal Medicine certifies in allergy, cardiovascular disease, gastroenterology, and pulmonary diseases. The American Board of Pediatrics certifies in allergy. Certification in the primary field is a requirement for certification in the subspecialties. The Board of Thoracic Surgery, which is organized as an affiliate board of the American Board of Surgery, requires certification in surgery as a prerequisite to certification in thoracic surgery.

Certificates in special divisions of their specialty are conferred by six boards. The American Board of Obstetrics and Gynecology will issue certificates in obstetrics or gynecology only. The American Board of Otolaryngology grants a limited certificate in endoscopy. The American Board of Pathology issues certificates in pathological anatomy, clinical pathology, a combination of these two fields, pathological anatomy and clinical microbiology, clinical microbiology and clinical chemistry, clinical bacteriology, neuropathology, clinical microbiology, hematology, and clinical chemistry. The American Board of Preventive Medicine issues certificates in public health, aviation medicine, and occupational medicine. The American Board of Psychiatry and Neurology issues separate certificates in psychiatry and in neurology or a combined certificate for those qualified in both fields. This board also issues supplementary certificates in psychiatry and in neurology. The American Board of Radiology issues certificates in radiology, roentgenology, therapeutic radiology, diagnostic roentgenology, therapeutic roentgenology, radium therapy, radiologic physics, x-ray and radium physics, and medical nuclear physics.

The majority of the American specialty boards have published booklets containing a list of their officers together with statements regarding organization, purposes, and qualifications that determine eligibility for certification. In this issue of THE JOURNAL, there are published, with the consent of each board concerned, the requirements for certification in specialties. This information is published for the convenience of those physicians who are planning to seek board certification. Any specific inquiry concerning certification by a specialty board should be addressed to the board secretary, whose name and address will be found in this issue of THE JOURNAL.

TABLE 1.—*Approved Examining Boards in Medical Specialties*

Name of Board	Year of Activation	Total Certificates Awarded to June 30, 1958
American Board of Anesthesiology	1937	1,829
American Board of Dermatology	1932	1,879
American Board of Internal Medicine	1936	11,905
American Board of Neurological Surgery	1940	701
American Board of Obstetrics and Gynecology	1930	5,498
American Board of Ophthalmology	1915	4,811
American Board of Orthopaedic Surgery	1934	3,658
American Board of Otolaryngology	1924	5,315
American Board of Pathology	1936	3,449
American Board of Pediatrics	1933	6,483
American Board of Physical Medicine and Rehabilitation	1947	344
American Board of Plastic Surgery	1937	405
American Board of Preventive Medicine	1948	2,014
American Board of Proctology	1949	265
American Board of Psychiatry and Neurology	1934	6,178
American Board of Radiology	1934	6,080
American Board of Surgery	1937	9,539
Board of Thoracic Surgery (Affiliate of the American Board of Surgery)	1949	816
American Board of Urology	1935	2,488
Totals		72,105
Certification in Subspecialties		
American Board of Internal Medicine		
Allergy		198
Cardiovascular Disease		507
Gastroenterology		392
Pulmonary Diseases		261
Totals		1,410
American Board of Pediatrics		
Allergy		81
American Board of Surgery		
Proctology		81*
Totals		—
Special Certification		
American Board of Obstetrics and Gynecology		
Obstetrics		12
Gynecology		22
Totals		34
American Board of Otolaryngology		
Endoscopy		4
American Board of Pathology		
Pathological Anatomy		1,750
Clinical Pathology		498
Pathological Anatomy and Clinical Pathology		1,143
Pathological Anatomy and Clinical Microbiology		1
Clinical Microbiology and Clinical Chemistry		1
Clinical Bacteriology		2
Neuropathology		16
Clinical Microbiology		17
Hematology		5
Clinical Chemistry		7
Totals		3,449
American Board of Preventive Medicine		
Aviation Medicine		370
Occupational Medicine		347
Public Health		1,297
Totals		2,014
American Board of Psychiatry and Neurology		
Psychiatry		4,784
Neurology		418
Psychiatry and Neurology		976
Totals		6,178
American Board of Radiology		
Radiology		4,219
Roentgenology		1,691
Diagnostic Roentgenology		339
Therapeutic Radiology		176
Therapeutic Roentgenology		4
Radium Therapy		6
Radiological Physics		55
X-ray and Radium Physics		16
Medical Nuclear Physics		4
Totals		6,080

* Independent board established in 1949.

Table 1 contains a list of the approved specialty boards, the year of activation, and the total number of candidates certified through June 30, 1958. Data are also presented regarding the number of physicians certified in the subspecialties and those granted special certification by the boards in obstetrics and gynecology, otolaryngology, pathology, preventive medicine, psychiatry and neurology, and radiology.

A total of 69,151 physicians were reported certified by the 19 specialty boards on July 1, 1957. From this date through June 30, 1958, 3,954 physicians were certified, bringing the total to 73,105 certifications on June 30, 1958. Sixty-nine physicians were certified in the subspecialties, bringing that total to 1,578 on the same date.

Table 2 indicates the total number of physicians certified each year for the past 16 years by all specialty boards. The total number certified on June 30, 1958, was 73,105.

TABLE 2.—*Annual Specialty Board Specification, 1942-1958*

Year (Ended March)	No. of Boards in Existence	No. Certified	Cumulative Totals
1942	15	1,736	19,694
1943	15	2,172	21,866
1944	15	1,578	23,444
1945	15	1,308	24,752
1946	15	1,320	26,072
1947	15	2,454	28,526
1948	16	3,002	31,528
1949 (June 30)	19*	4,479	35,977
1950 (June 30)	19	5,827	39,804
1951 (June 30)	19	4,502	44,306
1952 (June 30)	19	4,118	48,424
1953 (June 30)	19	4,022	52,486
1954 (June 30)	19	4,133	56,619
1955 (June 30)	19	3,843	60,844
1956 (June 30)	19	3,883	63,727
1957 (June 30)	19	5,424	69,151
1958 (June 30)	19	3,954	73,105

* One board, the American Board of Proctology, did not certify any candidates during this period.

The eighth edition of the "Directory of Medical Specialists," compiled by the Advisory Board for Medical Specialties and published in 1957 by the A. N. Marquis Company, Chicago, contains biographical information on the educational background of each living specialist, including those retired from practice, certified by an American board.

AMERICAN BOARD OF ANESTHESIOLOGY

SCOTT M. SMITH, President
Salt Lake City
FREDERICK P. HAUGEN, Vice-president
Portland, Oregon
DONALD L. BURDICK, New York
STUART C. CULLEN, Iowa City
ROBERT D. DRIPPS, Philadelphia
ALBERT FAULCONER, Rochester, Minn.
FORREST E. LEFFINGWELL, Pasadena, Calif.
E. M. PAPPER, New York
MILTON C. PETERSON, Kansas City, Mo.
HARVEY C. SLOCUM, Washington, D. C.
CURTISS B. HICKCOX, Secretary-Treasurer, Hartford, Conn.

REQUIREMENTS

Each applicant, before he shall become eligible for certification as a Diplomate in Anesthesiology, must satisfy the following requirements.

1. Have been graduated from a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association or have been screened by organizations acceptable to the Board.

2. Establish in a manner satisfactory to the Board, that (a) he is a physician duly licensed by law to practice medicine, (b) he has completed a satisfactory internship, (c) he is of high ethical and professional standing, and (d) he has received adequate special training in Anesthesiology.

3. Submit proof to the Board that he has limited his practice to Anesthesiology as a specialty for five calendar years, of which at least two have been training approved by the Board; or submit proof to the Board that he has limited his practice for four calendar years, of which at least three have been training acceptable to the Board.

4. Prove to the satisfaction of the Board by such examinations and investigations as the Board may prescribe that he is qualified to practice Anesthesiology.

5. Personally prepare such case history abstracts of personally conducted procedures pertaining to Anesthesiology as the Board may specify.

Each applicant shall be classified for the purpose of examination and shall be examined in such a manner and under such rules as the Board may prescribe. The Board, acting as a committee of the whole, reserves the right to reject an applicant for any reason deemed advisable and without stating the same, and the action of the Board shall be final.

EXAMINATIONS

1. Written Examination: Eligible applicants may take this examination upon completion of two years of clinical training in a program approved by the Board. Written examinations are held annually in approximately 16 locations throughout the United States on the second Friday in July. Written examinations cover the basic and applied aspects of anatomy, chemistry and physics, pharmacology, pathology, and physiology. A passing grade, as determined by the Board, is required.

2. Survey Examinations: The Board may request one or more Diplomates to visit the applicant in his own locality to observe him in the practice of Anesthesiology. The Examiner may interview other individuals in the community to determine whether the candidate is of high ethical and professional standing. Such survey examinations as the Board may require are conducted after the written examination has been completed successfully, and prior to admission to the oral examination.

The expense of surveying and/or giving practical examinations outside of the United States will be borne by the candidate. The approximate amount of such funds to be paid by the candidate will be determined by the Secretary and must be paid in United States currency to the American Board of Anesthesiology in advance.

3. Oral Examinations: After limitation of practice to Anesthesiology as specified (Requirements Paragraph A /3/) the candidate's qualifications are reviewed, and he may be declared eligible to appear for the oral examination. However, at least six months must elapse between the written and oral examination. Examinations are conducted semiannually, in April and October. Examiners consist of Directors of the Board, and Diplomates who assist as associate examiners. Oral examinations cover all phases of Anesthesiology, including the basic sciences and clinical applications.

4. Practical Examination: Applicants are requested to submit to the Board annual reports of their anesthesia experience on forms provided by the Board. These reports covering the minimum number of years of clinical training and practice as prescribed (Requirements Paragraph A /3/) must be filed with the Board in July of each year.

Applicants are entitled to three opportunities at yearly intervals to take the written examination. This three-year period begins on the date an applicant is first declared eligible for the written examination.

Oral examinations are given at six-month intervals. An applicant is entitled to one oral examination each year for a three year period.

In the event that a candidate fails an oral examination, at least 12 months must elapse before he may reappear for oral examination. The three-year period begins on the date an applicant is first declared eligible for the oral examination.

Failure to take an examination constitutes an opportunity just as much as failure to pass an examination. Under extenuating circumstances a candidate may apply for an extension of the three-year period by writing to the Secretary's office prior to the expiration of the three-year period. Under similar circumstances the Board, entirely at its discretion, may excuse a candidate from any scheduled examination without penalty, provided the request for such absence is filed prior to time of the examination.

A fee of $50 will be charged for each repeat in the written and oral examination. The Board may, however, at its discretion deny a candidate the privilege of reexamination.

If an applicant fails to pass either the written or oral examination within the allowed period, having taken one or more written or oral examination, his application will be declared void and reapplication will not be allowed.

The Board reserves the right to limit the number of candidates to be admitted to any examination.

FEE

The fee shall be one hundred fifty dollars ($150.00). At least fifty dollars ($50.00) shall be paid upon filing the application, of which sum thirty-five dollars ($35.00) shall be returned if the candidate is not accepted for examination. The remainder ($100.00) shall be paid before taking the examination.

The Board is a nonprofit organization. The fees for examination and certification have been computed on a basis of cost of maintaining an administrative office and conducting examinations. The Board reserves the right to change the fee when necessary.

AMERICAN BOARD OF DERMATOLOGY

J. Lamar Callaway, President
Durham, N. C.
Francis W. Lynch, Vice-president
St. Paul, Minn.
Louis A. Brunsting, Rochester, Minn.
Marcus R. Caro, Chicago
John H. Lamb, Oklahoma City
Clinton W. Lane, St. Louis
J. Walter Wilson, Los Angeles
Beatrice Maher Kesten, Secretary
Walter C. Lobitz Jr., Assistant Secretary
Office of the Board: One Haven Ave., New York 32

GENERAL REQUIREMENTS

Preliminary registration forms are acceptable after the applicant has met the following requirements:

1. High ethical and professional standing.

2. Graduation from a medical school approved, at the time of the candidate's graduation, by the Council on Medical Education and Hospitals of the American Medical Association. (Graduates of schools not on the approved list may be eligible provided they pass Part I and Part II of the examinations of the National Board of Medical Examiners.

3. Satisfactory completion of an approved internship.

4. A state license to practice medicine in the United States or Canada issued following examination, or by endorsement of the certificate of the National Board of Medical Examiners, or regular status in the Armed Forces of the United States or Canada.

5. Citizenship in the United States or citizenship by birth in Canada.

SPECIAL REQUIREMENTS

The following minimum requirements have been established for admission to examination:

Formal training in dermatology and related subjects, of not less than three years. This training may be obtained as a resident, fellow, or graduate student in the institutions recognized by the Council on Medical Education and Hospitals of the American Medical Association and approved by the joint Residency Review Committee for Dermatology. One month in each year may be taken as a vacation. Vacations may not be postponed from one year to another. Candidates will be eligible for the written examination when a minimum of three full years have elapsed since the beginning of training.

The formal training shall include: At least one year full-time in an institution approved for three-year training in dermatology; graduate training in the basic medical sciences; and carefully supervised clinical and laboratory work.

METHODS OF TRAINING

The preferred method of training is a three-year well-integrated and continuing program in an institution approved for the full training period. At least one year of full-time training in an institution approved for three years is required.

However, apart from the required full-time year in such an institution, the additional training requirements may be fulfilled by training in institutions approved for one year or two years or in part as a preceptee.

Training must be completed within five years except where military service or other compelling circumstances shall intervene.

Suggestions for the study of Dermatology are given in the Syllabus of Graduate Training.

PRECEPTEESHIP TRAINING

Candidates may take one year of their training under the direction of a preceptor approved by the Board. Not more than half of each training day may be spent in the office of the preceptor; during the other half-day training must be undertaken in an approved institution. Although preceptorships may be taken during any one of the years of training, it is recommended that the preceptee have at least one year of dermatologic training previous to a preceptorship. After preceptees have become diplomates, they will be asked to fill out a Preceptee ship Evaluation Form.

CREDIT FOR MILITARY SERVICE

Candidates who have served in the Armed Forces of the United States or Canada as physicians may submit credentials for possible credit toward training or experience. The Supplementary Application form for Military Training should be submitted with the Preliminary Registration form or at the termination of military services.

RESPONSIBILITY

It is the candidate's responsibility to make early contact with the Board, to ascertain and observe its regulations, and to file the preliminary registration and the application for certification forms. Candidates must meet all requirements before applying for certification.

Directors of training are responsible for submitting an Annual Graduate Training form on each candidate.

Approved preceptors, in conjunction with the director of training of the institution in which the candidate spends half his training time, are responsible for submitting an Annual Graduate Training form on each preceptee.

PRELIMINARY REGISTRATION

Each candidate must file a Preliminary Registration form with the Board at the beginning of training, whether or not plans are complete at the time. This establishes his identity and status as a candidate, and begins his permanent file. It enables the Board to detect any deficiencies in the plan of training. No fee is involved at this time.

ESTIMATES OF STATUS

Decisions as to the status of candidates who ask for an estimate of the further training needed can be made only by the Committee on Requirements upon submission of an Estimate of Status Form. The $25 registration fee, which will be credited toward the application for certification, must accompany this form. The Board acts as a body and through duly constituted committees. Individual members only carry out the rules and regulations of the Board.

19
V.

APPLICATION FOR CERTIFICATION

Application for certification forms may be filed before the end of the formal training period and must be made before the closing date regularly published in the Examinations and Licensure column of THE JOURNAL of the American Medical Association. Dates of examinations are also published here. Applications should be filed during the last year of training in order to obtain full advantage of the loan sets of histopathology slides available from the Armed Forces Institute of Pathology. Application will be considered with the accompanying registration fee of $25, which will not be refunded. When all supporting documents have been received the application is submitted to the Committee on Requirements, which appraises the qualifications of the candidate and decides as to his eligibility for examination. An examination fee of $75 is payable when the candidate is notified that his application is acceptable to the Board.

The total fee of $100 has been carefully computed and is used entirely for administrative purposes. Members of the Board receive no compensation except for actual expenses connected with the examinations.

EXAMINATIONS

Examinations are designed to ascertain the breadth of the candidate's knowledge in the basic as well as the clinical aspects of dermatology and to test his familiarity with the literature and to gauge his general qualifications as a specialist in this branch of medicine.

All applicants for certification must now pass a comprehensive written examination before they are eligible for the oral test. The written examination is held simultaneously in major cities. Applicants are then required to pass the oral clinical and laboratory examination which is conducted in a clinic. Cases will be seen and discussed with each candidate, and the examiners will seek to ascertain his knowledge of dermatology as well as of various related subjects.

Candidates whose applications have been accepted may take the next examination after the completion of training. Except in special circumstances, an applicant shall take the examination within a year following the filing of application. A candidate once accepted for an examination will henceforth remain eligible for only two succeeding examinations, unless some compelling circumstance, such as military service, shall intervene.

Candidates who have signified their intention of taking the examination and who fail to appear, or who cancel their request after the final notice has gone out, shall forfeit the examination fee.

The Board's records are confidential throughout. Examination marks will not be divulged. The findings of the Board are subject to its discretion and are final. Applications are accepted on this understanding.

PRECEPTORS AND PRECEPTEE TRAINING

Preceptors are diplomates of the Board of at least five years standing in active practice, recognized teachers of professorial rank, on the active staff of an institution approved for three years of graduate training in dermatology.

Preceptees hips are now granted for only one year of graduate training. The preceptee must not spend more than one-half of his time in the preceptor's office. The remainder must be spent under supervision in an institution approved for three years of graduate training in dermatology. His work program should be based on not less than a 40-hour week.

A Preceptee Work Plan is filed with the Secretary of the Board previous to acceptance of each preceptee. Following the preceptorship, the preceptor, in conjunction with the director of training of the institution in which the candidate spends half his training time, submits an Annual Graduate Training form on each preceptee.

Each dermatologist who wishes to become a preceptor must file an Application for Preceptorship form with the Board. (The Committee on Education passes on these applications.) Detailed qualifications, rules, and regulations as well as duties and rights of preceptors and preceptees will be sent to dermatologists on request.

AMERICAN BOARD OF INTERNAL MEDICINE

THOMAS M. DURANT, Chairman, Philadelphia
HOWARD P. LEWIS, Vice-Chairman, Portland
WRIGHT R. ADAMS, Chicago
THOMAS H. BREM, Los Angeles
GEORGE E. BURCH, New Orleans
HUGH R. BUTT, Rochester, Minn.
FRANKLIN M. HANGER, New York
JOHN MINOR, Washington, D. C.
GEORGE A. PERERA, New York
ALBERT M. SNELL, Palo Alto, Calif.
THOMAS A. WARTHIN, West Roxbury, Mass.
VICTOR W. LOGAN, Rochester, N. Y.
THOMAS FINDLEY, Secretary-Treasurer, Augusta, Ga.
WILLIAM A. WERRELL, Executive Secretary-Treasurer, 1 W. Main St., Madison, Wis.

Sub-Specialty Boards

ALLERGY

VINCENT J. DERBES, New Orleans
STANLEY F. HAMPTON, St. Louis
HOWARD J. LEE, Milwaukee, Wis.
MAX SAMTER, Chicago
WILLIAM B. SHERMAN, New York

CARDIOVASCULAR DISEASE

CHARLES A. R. CONNOR, New York
A. CARLTON ERNSTENE, Cleveland
FRANK B. KELLY Sr., Chicago
J. MURRAY KINSMAN, Louisville, Ky.
BRUCE LOGUE, Atlanta, Ga.
RICHARD H. LYONS, Syracuse, N. Y.
RAYMOND D. PRUITT, Rochester, Minn.

GASTRO-ENTEROLOGY

JULIAN M. RUFFIN, Durham, N. C.
LOWELL D. SNORF, Evanston, Ill.
HENRY J. TUMEN, Philadelphia
C. WILMER WIRTS, Philadelphia
ERIC E. WOLLAEGER, Rochester, Minn.

PULMONARY DISEASES

THEODORE L. BADGER, Boston, Mass.
ALVIS E. GREER, Houston, Texas
CARL MUSCHENHEIM, New York
ARTHUR M. OLSEN, Rochester, Minn.
JULIUS L. WILSON, Philadelphia

GENERAL QUALIFICATIONS

1. All candidates must be citizens of the United States or Canada.

2. All candidates must be licensed to practice medicine in a state, territory, or possession of the United States or Canada.

3. All candidates must present evidence of satisfactory moral and ethical standing in the medical profession.

PROFESSIONAL QUALIFICATIONS

1. Graduation from a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association at the date of graduation.

2. Satisfactory completion of an approved internship of not less than 12 months.*

3. Residency or fellowship approved by the Council on Medical Education and Hospitals of the American Medical Association in internal medicine according to the following plan (Plan A) or one of the alternate plans described under paragraph 4.

*During the period in which the 9-9-9 program was in effect an approved internship of nine months will satisfy the requirement of twelve months. A residency of nine months is considered as nine months only.

(Plan A) A residency or fellowship in internal medicine for a period of not less than three years in a hospital or other institution approved by the Council on Medical Education and Hospitals of the American Medical Association for residency or fellowship in internal medicine. In such instances in which a resident's nominal status differs from that of the other hospital residents, he must furnish the Board with certification by the Chief of the Medical Service and the Medical Director of the Hospital that he actually performed the full duties of a resident as a bonafide member of the residency program. In addition, two years of adequate clinical experience in the practice of internal medicine following graduate training will be required. The Board will accept the following equivalents as satisfying one year only, of the three years of residency or fellowship to which this paragraph refers. (Two years must be in the field of general internal medicine.)

(a) If 12 months of a two-year approved internship in a hospital approved for residency training in internal medicine is limited to the medical service and the medical specialties, credit will be granted for a first year of assistant residency. The remaining two years of residency training must be in the general field of internal medicine. Certification by the Chief of the Medical Service as to compliance with this requirement must accompany application.

(b) One year of approved residency in one of the medical specialties: Allergy, Cardiovascular Disease, Gastro-Enterology, Hematology, Pathology, Pulmonary Diseases, Neurology, Pediatrics, Psychiatry, Dermatology, and Syphilology, provided the candidate completes in addition, two full years of approved residency in the general field of internal medicine.

(c) One year as a medical graduate student or as a medical graduate instructor in an approved medical school on a full-time basis in Bacteriology, Biochemistry, Pathology, Pharmacology, Physiology, or Internal Medicine.

(d) An advanced degree in the Medical Sciences, provided the work has been done and the degree obtained after graduation from medical school.

NOTE: Graduate training credit for the time involved will be allowed candidates who take and satisfactorily complete post-graduate courses in internal medicine or the basic medical sciences provided by accredited medical schools on a full time basis. This ruling shall not apply to courses of less than three months or more than twelve months duration. A certification of creditable performance, based in part, at least, on a formal examination upon completion of the course, will be required.

NOTE: Fellowship or Research assignments not approved by the Residency Review Committee in Internal Medicine will require certification by the Chief of Service that such assignments were equivalent in graduate training opportunities and patient responsibilities to those of approved residencies in Internal Medicine or the sub-specialties recognized by this Board. This certification must be presented with application.

4. Alternate Training Plans: The Board firmly believes that the plan of intensive training prescribed above offers the best opportunity for a young physician to prepare himself to meet his responsibilities as a specialist in internal medicine. It is recognized, however, that capable individuals may accomplish the same result in a longer period of time during which the training is less intensive. The Board realizes that a number of medical graduates cannot follow the shorter and more desirable plan either because suitable residencies are not available or in some instances because of personal and economic reasons. Accordingly the Board has modified its previous regulations governing eligibility for admission to examination. In doing so the Board has not modified its standards of examination. It has liberalized its eligibility requirements for admission to examination by accepting half-time formal training, and the practice of internal medicine under circumstances favorable as to professional and hospital contacts, in lieu of part of the full-time requirements. It is hoped that by this means exceptional individuals may acquire a knowledge of medicine and experience in its application sufficient to qualify for examination.

The program previously described (Plan A), which consists of three years of formal training in an approved residency or its equivalent, following internship, and followed by two additional years in the practice of internal medicine, is recommended by the Board. Variations in this program are now subject to the following regulations:

(a) In all instances, one year of approved internship and one year of approved residency will be required, except as indicated under Plan G. The graduate training credit of one year heretofore granted as a result of active duty as a commissioned officer in the Armed Forces during the period beginning December 7, 1941, and ending January 1, 1947, and during the Korean emergency beginning June 1, 1950, and ending July 1, 1954, may not be applied in satisfaction of the one year of approved residency referred to in Plans D, E, F, unless the candidate's assignment is considered by the Board to have been equivalent to an approved residency.

(b) Following one year of internship and two years of approved residency, the remaining requirements may be satisfied by:

(Plan B) That is by two years of half-time formal training followed by two years of practice limited to internal medicine or by

(Plan C) That is, by five years of practice limited to internal medicine.

(c) Following one year of internship and one year of approved residency, the remaining requirements may be satisfied by:

(Plan D)* That is, by four years of half-time formal training followed by two years of practice limited to internal medicine or by

(Plan E)* That is, by two years of half-time formal training followed by five years of practice limited to internal medicine, or by

(Plan F) That is, by eight years of practice limited to internal medicine.

(d) (Plan G) Physicians who have practiced internal medicine for 12 years following an approved internship may qualify for the examinations without further training.

(e) (Plan H) In order to better the opportunity for adequate graduate education in terms of the requirements of this Board, a special plan (Plan H) has been designed. This plan is exclusive. It is reserved for Chairmen of Departments of Medicine in approved medical schools in the United States and Canada, who may wish to recommend for admission to examination certain men who have planned a career in academic medicine, but whose training has not satisfied the requirements of any of the other "PLANS" authorized by the Board. Candidates may not elect Plan H at the time they make application. Specific recommendations that a candidate be qualified under this plan must be made by a Chairman of a Department of Medicine in a Class A Medical School in the United States or Canada. This recommendation must assure that the candidate has been under the jurisdiction and guidance of him or other persons whom he has selected or recommended during a five-year period of training after internship; that this training has been shaped with the idea that the candidate has been preparing for an academic career; and that during the training period the candidate has had adequate direct responsibility for patient care in the broad field of Internal Medicine. This Plan is intended for the unusual candidate. Each application will be individually considered by the Executive Committee of the Board.

It will be the responsibility of Heads of Departments of Medicine to affirm to the American Board of Internal Medicine that the candidate is qualified for admission to examination after a minimum of five years of training. It may well be that the Head of the Department will require additional

years of training beyond the minimum before stating the qualifications of the candidate to the Board. A candidate thus recommended under the foregoing provisions will be examined by the Board in the broad field of internal medicine.

If, during the period of training under Plan H, the candidate decides to qualify under one of the other plans of the Board (A to G) credit will be granted on the basis of the requirements of Plans A to G.

Half-time formal training under expanded plans B, D, and E is defined as follows:

1. Half-time* as an instructor in clinical medicine in a recognized medical school in the United States or Canada.

2. Half-time* in a research fellowship sponsored by a recognized medical school in the United States or Canada.

3. Half-time* as a graduate student in an approved medical school in the United States or Canada.

5. Practice Requirements: A period of not less than two years (to be completed by the time of the first written examination) of adequate clinical experience in the practice of internal medicine. This requirement may be satisfied by independent practice or in association with a recognized internist following completion of formal training. If teaching or research assignments are broad enough to merit practice credit, please ask Chief of Service or Chairman of the Department of Medicine to certify that assignments are equivalent to the practice of medicine as it is commonly known. Adequate experience in the care of clinical patients would include full responsibility for inpatients as well as outpatients. The certification referred to should accompany application.

6. Graduates of Foreign Medical Schools: All candidates who are graduates of foreign medical schools must meet the following requirements as a minimum:

(a) The physician must be a citizen of the United States.

(b) The physician must furnish proof in the form and to the extent deemed adequate by the Board that he (or she) has graduated from a medical school after completing a four year full-time course in medicine.

(c) The physician must have a license to practice in one or more states of the United States and have been in active practice confined to Internal Medicine within the state of legal residence for at least two years.

(d) Graduates of foreign medical schools prior to 1930 may qualify under the alternate plans of the Board the same as graduates of approved medical schools in the United States.

(e) Graduates of foreign medical schools in 1930 and thereafter must, in addition to all other requirements, satisfy the requirements of one year of approved internship and three years of approved residency or fellowship in the United States, followed by at least two years of practice limited to the field of Internal Medicine in the United States. If, however, their school of graduation is "recognized" by the Council on Medical Education and Hospitals of the American Medical Association, graduates of Foreign Schools may qualify under the various plans of the Board the same as graduates of approved Medical Schools in the United States.

7. Candidates Graduating Prior to 1937: Candidates graduating from approved medical schools in the United States or Canada prior to 1937 may qualify for admission to examination provided their practice has been limited to internal medicine for at least two years prior to application and provided they are identified as internists by their colleagues in their community.

8. Preceptor Training: Preceptor type training is not recognized in satisfaction of any part of the three-year requirement of formal graduate training.

9. Credit for Service in the Medical Corps of the Armed Forces of the United States an Canada.

(a) Active duty as a commissioned officer in the Medical Corps prior to January 1, 1947, may be applied as one year of residency credit or one year of practice credit, regardless of assignment.

(b) Active duty as a commissioned officer in the Medical Corps for period June 1, 1950, to July 1, 1954, may be applied as one year of residency credit or one year of practice credit regardless of assignment.

(c) Active duty as a commissioned officer in the Medical Corps after July 1, 1954, may be applied as practice credit provided the candidate had previously satisfied the requirements of graduate training. Certification of Chiefs of Service that assignments were in the field of Internal Medicine on a full-time basis in the care of clinical patients largely on one's own responsibility is required.

(d) Residency credit automatically granted for active service in the Medical Corps of the Armed Forces was discontinued as of July 1, 1954.

10. Graduates of The Chicago Medical School, prior to approval by the Council on Medical Education and Hospitals of the American Medical Association, and graduates of the Middlesex School of Medicine, who received their degree in medicine prior to January 1, 1951, and who have fulfilled all of the requirements set forth in Section 2 (Requirements for admission to Examination and Certification), and an approved residency or fellowship of three years duration (Plan A) and followed by two years of practice in Internal Medicine may apply, and at the discretion of the Executive Committee or of the Board may be admitted to examination.

PRINCIPLES OF TRAINING

The American Board of Internal Medicine is interested in the fact that the candidate has embarked on a career of study voluntarily and has thereby expressed the desire to excel and to participate personally in the world's progress in Medicine.

Preparation must be based on years of continuous thoughtful study. Therefore, in suggesting a program for those who wish advice, the Board hopes to assist the candidates to avoid inferior and superficial programs which may lead to failure and disappointment in later years.

The Board believes that all internists should have a sound fundamental knowledge of Anatomy, Bacteriology, Biochemistry, Pathology, Pharmacology, and Physiology. Such knowledge is essential to the continued progress of any internist. The Board anticipates that adequate training will be obtained in the basic sciences as applied to internal medicine during a formal three-year residency program.

The Board wishes to emphasize that time and training are but a means to the end of acquiring a broad knowledge of internal medicine which the candidate must demonstrate to the Board in order to justify it in certifying that he is competent to practice internal medicine as a specialty. The responsibility of acquiring the knowledge rests with the candidate. The responsibility of maintaining the standards of knowledge required for certification rests with the Board.

APPLICATION

Candidates for examination must make their application on a prescribed form which may be obtained from the office of the Executive-Secretary-Treasurer.

The application must contain a record of the candidate's premedical and medical training as well as of internships, residencies, graduate study, hospital or dispensary staff appointments, teaching positions, service in the armed forces, membership in medical societies, medical papers published, and the names of four well-known internists to whom the Board may write for professional and character reference.

The application must be accompanied by one recent, signed photograph of the candidate mounted on the application, and the registration and examination fee of forty dollars ($40.00) to cover the written examination, of which

*Half-time formal training is regarded as four hours per day for six days per week. It is required that half-time formal training be verified by the head of the department. Verification must accompany application.

twenty-five dollars ($25.00) will be refunded if the application is disapproved. Upon application for admission to the oral examination, an additional fee of fifty dollars ($50.00) will be required. Upon notification of certification by the Board, a further fee of ten dollars ($10.00) to cover cost of certification will be required.

Applications must be filed by May 1 of the year concerned and all requirements must be satisfied by October 1 of the year concerned.

The requirements of graduate training followed by two years of practice in the field of internal medicine must be satisfied before a candidate is eligible for admission to examination.

If three or more years elapse before a candidate completes his certification, the Board will require the candidate to file a new application.

METHOD OF EXAMINATION—WRITTEN AND ORAL

1. The examinations for certification by the Board comprise two parts: Part I is written; Part II is clinical and is an oral examination. The written examination is held simultaneously in different sections of the United States, Canada, and outside continental limits of the United States wherever eligible candidates are located. Only one written examination will be given each year. This examination will be held on the third Monday in October. This examination is divided into a morning and afternoon period for each of which three hours are allowed. The questions are of the multiple-choice type, framed in such manner as the Board elects, and designed to test the candidate's basic clinical acumen and his knowledge of applied physiology, anatomy, physiological chemistry, pathology, bacteriology, and pharmacology as related to internal medicine.

2. Candidates must pass the written examination before admission to the oral examination will be authorized. Oral examinations are held near the time and place of the annual meetings of the American Medical Association and the American College of Physicians and at such other times and places as the Board may designate. Announcements of all oral examinations will appear in the *Annals of Internal Medicine* and THE JOURNAL of the American Medical Association. Applications cannot be accepted until the schedule is announced in the publications referred to and cannot be accepted after closing date is announced.

3. The oral examination will be conducted under the direct supervision of the Board. It will be given by members of the Board of Internal Medicine with the assistance of such Guest Examiners as may be selected. Oral examinations are conducted at the bedside of each of two patients previously assigned to each candidate. Forty-five minutes will be allowed for the examination of each of the patients before the candidate is examined orally. Candidates will be expected to present in a concise, orderly fashion pertinent facts in history and diagnosis. Demonstration of important physical findings will be requested by the examiner. During the oral examination, questions will be asked concerning diagnostic and therapeutic procedures related to the problems under discussion and to any other aspects of Internal Medicine. Conciseness and clarity of statements as well as evidence of clinical maturity will be searched for, in addition to factual knowledge. Furthermore, the candidate should be prepared to demonstrate his ability to interpret objective demonstrations of roentgenologic, pathologic, hematologic, electrocardiographic and other abnormalties.

Revised Requirements Governing Readmission to the Written and Oral Examinations

To: All Candidates eligible for readmission to the Written and Oral Examinations of this Board.

I. Written Examination

1. The interval between written examinations will be not less than one year.

2. The number of written examinations for which a candidate may apply is not limited.

3. A fee of twenty-five dollars ($25.00) is required for each written reexamination. This fee is due upon application for reexamination.

II. Oral Examination

1. The interval between oral examinations will be not less than one year.

2. Candidates failing the oral examination three times, must reapply for admission to the written examination. After passing the written examination again, candidates become subject to the same regulations and priorities in respect to the oral examination as apply to candidates who pass the written examination for the first time.

3. A fee of fifty dollars ($50.00) is required for each oral reexamination. This fee is due upon application for reexamination.

The effective date of the changes referred to governing readmission to the written and oral examinations was February 1, 1958, and will apply to examinations taken after February 1, 1958.

AMERICAN BOARD OF NEUROLOGICAL SURGERY

EDGAR A. FINCHER, Chairman, Atlanta, Ga.
E. JEFFERSON BROWDER, Vice-chairman, Brooklyn, N. Y.
GEORGE S. BAKER, Rochester, Minn.
EDWIN B. BOLDREY, San Francisco, Calif.
DEAN H. ECHOLS, New Orleans
JAMES GARDNER, Cleveland, Ohio
EDGAR A. KAHN, Ann Arbor, Mich.
DONALD D. MATSON, Boston, Mass.
FRANK MAYFIELD, Cincinnati, Ohio
WILLIAM T. PEYTON, Minneapolis
JOHN RAAF, Portland, Ore.
LEONARD T. FURLOW, Secretary-Treasurer, 600 S. Kingshighway, St. Louis 10

GENERAL QUALIFICATIONS

1. Moral and ethical standing in the profession satisfactory to the board of directors.

2. It shall be discretionary with the board to accept for examination candidates who have been in neurosurgical practice more than six years but whose formal training fails to meet full requirements.

3. Properly qualified candidates who are permanent residents in and citizens of other countries and are legally qualified to practice medicine there and who have received their training in neurological surgery in the United States of America or Canada may apply for certification by the American Board of Neurological Surgery.

4. A special certificate may be issued to foreign (not United States of America or Canadian citizens) candidates who have received their training in neurological surgery in the United States of America or Canada and who are returning to their own country at the end of their training period, upon passing successfully the regular examinations of the board, without completion of the requirement of two years in the practice of neurological surgery. This special certificate shall be appropriately identified to distinguish it from the regular certificate of this board.

PRELIMINARY PROFESSIONAL STANDING

1. Graduation from a medical school that is acceptable to the American Board of Neurological Surgery.

2. (a) Completion of a surgical internship of not less than one year in a hospital acceptable to the Board, or its equivalent in the opinion of the Board, plus a period of graduate study of not less than four years beyond the year of general surgical training in an approved hospital, or in a recognized graduate school of medicine, acceptable to the American Board of Neurological Surgery. Of this training period, at

least 30 months must be devoted to clinical neurological surgery. The training in clinical neurological surgery must be progressive and not obtained during repeated short periods in a number of institutions. It is necessary that at least two years of this training be had in one institution, and the Board will not ordinarily approve periods of training in clinical neurological surgery of less than one year.

OR

2. (b) Completion of a rotating internship of not less than one year in a hospital acceptable to the Board or its equivalent in the opinion of the Board, plus a period of graduate study of not less than four years beyond the year of rotating internship in an approved hospital, or in an accredited school of medicine acceptable to the American Board of Neurological Surgery. Of this training a period of at least six months must be in an approved clinical program in general surgery, and at least thirty months must be devoted to clinical neurological surgery. The training in clinical neurological surgery must be progressive and not obtained during repeated short periods in a number of institutions. It is necessary that at least two years of this training be had in one institution, and the Board will not ordinarily approve periods of training in clinical neurological surgery of less than one year.

Furthermore, the candidate must prepare himself to pass a Board examination in general surgery, organic neurology, neuropathology, neuroanatomy, neurophysiology, and neuroradiology.

The Board does not accept training by preceptorship.

An additional period of not less than two years of satisfactory independent practice of neurological surgery.

The above represents only the minimum requirements of eligibility for examination for certification by the Board.

APPLICATIONS

An application on the official application blank in order to be considered at any meeting must be in the hands of the secretary-treasurer of the Board not less than six months before the date of such meeting.

PAYMENT OF FEES

The fee for certification shall be one hundred fifty dollars ($150.00). The candidate for examination, on filing his application, shall accompany it with an application fee of twenty-five dollars ($25.00). The application fee will not be returned even though the application for examination is denied. When notified by the Secretary-Treasurer that he is eligible for examination, he shall send the examination fee of one hundred twenty-five dollars ($125.00) to the Secretary-Treasurer at least two weeks before the date of the examination.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

F. Bayard Carter, President, Durham, N. C.
Robert A. Kimbrough Jr., Vice-president, Philadelphia
Herbert E. Schmitz, Vice-president, Chicago
Lawrence M. Randall, Assistant Secretary, Rochester, Minn.
Walter T. Dannreuther, New York City
Daniel G. Morton, Los Angeles
John L. Parks, Washington, D. C.
Conrad G. Collins, New Orleans
R. Gordon Douglas, New York City
Carl P. Huber, Indianapolis
Curtis J. Lund, Rochester, N. Y.
Reed B. Dawson, Esq., Counsel, New York City
Robert L. Faulkner, Secretary-Treasurer, 2105 Adelbert Rd., Cleveland, Ohio

REQUIREMENTS

Each applicant, before he may become eligible to apply for examination, must establish the following facts:

1. The possession of the degree of Doctor of Medicine from an institution of learning approved by the Council on Medical Education and Hospitals of the American Medical Association.

2. That he is a physician of high ethical and professional standing duly licensed to practice medicine in the United States or Canada and is a member of a County or District Medical Society.

3. The completion of at least one year of intern service in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association. The Board accepts the fifth or "intern" medical school year required by some schools in lieu of the usual fifth or intern year of clinical training following graduation.

4. The completion of seven years of training and practice after the first intern year to include at least three years of Progressive Residency Training in clinical obstetrics-gynecology in approved institutions. Approved Preceptorship training may be substituted in part for Residency training, as explained on pages 20 and 21.

5. Following completion of acceptable training, two years of post-training practice, limited to the specialty, are required before application for examination can be made. Post-training practice may include practice within the specialty as an assistant or associate or independent practice. Periods of Residency in obstetrics-gynecology in excess of the required three years will not be accepted as a substitute for any part of the two required years of post-training practice except in the cases of men advancing from the Residency Training into and planning to remain in full-time faculty positions in Medical Schools and their affiliated hospitals.

6. That he is limiting his practice to obstetrics and/or gynecology and intends to continue to do so, except for possible military duty.

7. The Board conformed with the general acceleration in programs in medical education in that it will accept a period of nine "accelerated" months as an academic year in satisfying our requirements for each of three years of residency training. Such allowances can be made only for services during the wartime period of the official "accelerated program" and are not made for services before 1943 or after the discontinuance of this acceleration in 1946.

8. Applicants who have been certified by one of the other American Specialty Examining Boards will not be eligible for certification by this Board until they have relinquished the certificate previously conferred, except upon special action to the contrary taken by the American Board of Obstetrics and Gynecology.

9. The Board has ruled that physicians who accept male patients in their private or other practice, for operative or other care, cannot be regarded as specialists in obstetrics and gynecology, except by special ruling when this is related to active military duty.

10. This Board deprecates engagement in fields of practice other than that in which candidates profess to be specialists. The sole exception to this provision is that it is permissible for candidates and diplomates of the American Board of Obstetrics and Gynecology to participate in Emergency Care.

11. This Board will not accept applicants for examination who are not full citizens of the United States or of Canada. Foreign born applicants must have been certified by either the National Board of Medical Examiners or licensed to practice medicine in the United States or Canada by a State or Provincial Board of Licensure. Notarized statements, not original citizenship papers, must be furnished when the application is filed attesting to the fact of full citizenship in the United States or Canada, if the applicant is foreign born.

Further, there will be required a probationary period of at least three (3) years from the date of licensure in the practice of medicine in these countries before such a candidate may be admitted to examination.

SPECIAL CREDITS AND RULINGS

1. Physicians otherwise qualified, who were graduated before January 1, 1939, and whose required training was in obstetrics or gynecology alone, and who have confined their practice to obstetrics or gynecology for at least five (5) years immediately prior to application may be accepted for examination as candidates for certification in either obstetrics or gynecology. In all other respects requirements for eligibility remain the same as for those physicians graduated since 1939. At least a fundamental knowledge of both obstetrics and gynecology is essential, regardless of whether a candidate's practice is limited to one or the other branch.

2. Basic science training should emphasize the relation of anatomy, pathology, physiology, biochemistry, and bacteriology to the application of surgical principles which are fundamental in all branches of surgery. More especially for this specialty there should be training in infertility, endocrinology, oncology, irradiation therapy, electrotherapy, psychosomatic medicine, and other nonoperative methods of diagnosis and treatment. In addition, the candidate must understand and be trained in the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, protein and nitrogen balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, narcotics and hypnotics, wound healing, etc.

3. After July 1, 1958, this Board will not allow credit within the three years required training period for separately organized basic science courses which remove the candidate from clinical training in obstetrics and/or gynecology.

4. Training in abdominal surgery, in addition to the required three (3) years of training in clinical obstetrics and gynecology, is desirable and may be included in the total minimal seven (7) years required after the intern year.

5. Applicants on service in obstetrics-gynecology under orders in hospitals of the Army, Navy, Air Force, and Public Health Service will receive residency training credit if such hospitals are officially approved for training in this specialty.

When the hospital is not approved, Preceptorship Training credit may be allowed if the service is supervised by a Diplomate of this Board or an otherwise qualified obstetrician and gynecologist. If such training credit is desired, candidates must comply with the regulation governing Preceptorships as published on pages 20 and 21 of this bulletin. In addition, the Medical Officers Professional Training Record should be completed and attested while in military service.

Credit toward the required two years of post-training practice, limited to this specialty, will not be allowed for service in the Armed Forces except in the case of regular medical officers who have completed the training requirements.

APPLICATION AND FEES

Application must be made on a special blank which will be furnished by the Secretary's Office and must be forwarded with the other required credentials and the application fee to the Secretary's Office not later than September 1 of each year. Commencing in 1959 this date will be advanced to August 1 of each year.

All candidates must comply with Board regulations in effect for one year in which the examination is taken, regardless of when the original application was filed.

Candidates applying for admission to the examinations for certification are required to submit with their application, an unbound typewritten list, on 8½-by-11-in. paper, of all patients admitted to the hospitals where they practice, for the year preceding their application or the year prior to their request, for reopening of their application, with the age, parity, diagnosis, pathological diagnosis, nature of treatment, and end result.

The list should conform to page 23 of this Bulletin and be certified by the hospital librarian, administrator, or superintendent.

The application fee is $35.00 and is not returnable.

The examination fee is $100.00 and is payable when the candidate is notified of acceptance for examination. This fee is not returnable after the candidate has been officially accepted by the Credentials Committee and notified to report for examination.

If the candidate fails the Part II examination on his original application, he may exercise the privilege of one reexamination (see Examinations, Part II) but will be required to pay a fee of $25.00 for such reexamination upon making request that his application be reopened for this purpose.

The fees have been carefully computed on a basis of cost of examinations and are used entirely for administrative expenses. Examiners and Associate Examiners serve as such without compensation other than actual expenses.

APPRAISAL OF INCOMPLETE TRAINING

Many prospective candidates write the Secretary's Office outlining in their letters their training qualifications and asking informally if they are eligible, if this training has been sufficient and, if not, what is still lacking. Any candidate should be able to make a fair estimate of his eligibility after studying this Bulletin.

However, if the candidate wishes an informal evaluation of qualifications, a form "Application for Appraisal of Incomplete Training" should be requested from the Secretary of the Board. The request should be accompanied by a check for $15.00 to cover the clerical expense involved. Prospective candidates are reminded that this appraisal is not official and is subject to review and final decision by the Credentials Committee when they consider the application for admission to examination.

Appraisal of Incomplete Training forms should not be filed if Application for admission to examination has already been filed. This is unnecessary duplication.

Official interviews cannot be granted by the Secretary or other Directors of the Board unless requested by the Board.

Applicants declared ineligible for admission to examination may request reopening of their applications within two (2) years of the filing date without payment of an additional application fee. When a candidate requests that his application be reopened, he must supply the Board with information to justify such further consideration. A request for the reopening of an application declared ineligible by reason of insufficient training, nonlimitation of practice, or similar items may not be approved in less than two (2) years, although application may be made as specified above to avoid payment of an additional fee. This approval time may be reduced under exceptional circumstances. The request must have adequate supporting evidence of additional training and experience to warrant reconsideration. Supplemental Training blanks should be used for such reports, and these will be supplied upon request.

After two ineligibility or postponement rulings on any candidate's application, an entirely new application must be submitted (with or without fee, according to current requirements) in order to bring data down to date. The essential feature of this should be evidence of additional training and experience.

Applicants declared eligible but who fail to exercise the examination privilege within three (3) years of the date of filing the application are required to file a new and current application and to pay a new application fee. Candidates should offer as sponsors or references, two Diplomates of this Board with whom they are presently in contact rather than men under whom they served as residents only. It is required

that sponsors be from the candidate's community and currently acquainted with the candidate and his ability in his practice of the specialty.

When notice of acceptance for admission to examination has been received by the candidate it should be immediately acknowledged and the examination fee paid. Case reports must be forwarded to the Secretary within thirty (30) days.

EXAMINATIONS

Part I examinations are scheduled for January 16, 1959. Arrangements will be made for candidates to report in any convenient city where there may be a Diplomate of this Board to conduct or to supervise the written examination which will be sent out from the Board's Office under sealed cover.

Special arrangements will be made through senior officers for conducting the written portion of the Part I examination for men in military service. Such candidates are requested to keep the Secretary's Office informed at all times of changes in their mailing addresses.

All applicants accepted for examination will be required to obtain a passing grade in both the written examination and a review of case reports (Part I), before becoming eligible for the oral clinical and pathology examinations (Part II). The passing grade for the written examination and case reports is 75%. A candidate whose grade in either or both falls below 75% is conditioned. Reexamination for the removal of conditions in Part I may be taken after one year but within three years after the first failure, without payment of an additional fee.

Requests for reexamination in the written portion of Part I and requests for resubmission of case reports must be filed prior to September 1 of each year. Candidates who successfully complete the Part I examination proceed automatically to the Part II examination held later in the year.

Requests for reexamination in Part II must be made prior to September 1 of each year.

Candidates appearing for reexamination under a new application after two previous failures will not be required, if they have passed all or part of the Part I examinations on their first application, to repeat such examination items already successfully cleared.

Part I

Examination consists of:

1. A comprehensive written examination, conducted annually, including questions on both obstetrics and gynecology and related basic sciences. The written examination will be limited to a maximum period of three hours.

2. The evaluation of twenty (20) important obstetrical and gynecological case reports in condensed form. Five (5) of the twenty (20) cases may concern major illnesses not necessarily operative. These reports must include a variety of material rather than a number of reports of one type. Case reports from one's residency service shall not be more than five (5) in number.

CASE REPORTS

In the case of candidates applying for unilateral certification, case reports must pertain to the branch for which application is made.

Men holding full-time Medical School faculty appointments may submit the remainder of their case records from this full-time, nonprivate practice, but post-training service. (See Requirements.) The candidate should prepare and maintain in his possession a carbon copy of his case records in case of possible loss in shipping.

Evidence of adequate follow-up examination pertinent to each individual case must be submitted.

The candidate should submit separate verified index lists, in duplicate, for each individual hospital at which operations were performed. All of these must be formally signed by the responsible hospital official (preferably the hospital superintendent), attesting in each instance that the candidate was the operator.

Part II

The oral clinical and pathology examinations given all candidates are conducted by the entire Board and the Associate Examiners. Advance announcements of examination dates and place will be made in medical journals throughout the country. (Scheduled for Chicago, May 8 to 19, 1959.)

Examination consists of:

1. Oral examination before three or more examiners. All endeavor is made to adapt the details of the oral examination to each candidate's experience and practice. The examination is particularly directed to ascertain his familiarity with recent obstetrical and gynecological literature, the related basic sciences, the breadth of his clinical experience, and his general qualifications as a specialist in obstetrics and gynecology.

2. Pathology examination. The candidate is expected to identify and to discuss pathologic specimens and microscopic sections.

Examiners report orally upon each candidate to the assembled Board, after which the results of their investigations are considered jointly by the entire Board and Associate Examiners. After a general consideration of the details of the candidate's oral and pathology examinations, including a review of his capability and general adaptability, the candidate is passed or failed by the entire Board of Directors.

The final action of the Board is based upon the candidate's ethical and professional record, training, and attainments, as well as on the results of his formal examination.

When a candidate fails in Part II of the examination, he is not required to repeat Part I, but is required to repeat Part II only. One reexamination may be taken within three (3) years of the original examination and first failure without formal reapplication papers. Request for reopening of the candidate's original application must be filed with a reexamination fee of $25.00 (see Application and Fees). Application for reexamination in Part II must be made by the candidate prior to September 1 of each year. Data regarding additional training or experience and Medical School or hospital appointments acquired in the interim must be cited in the letter and verified on a Supplemental Training Form obtained from the Office of the Secretary of this Board.

The reexamination fee will be effective only on original applications filed subsequent to the date of this announcement, namely, June 1, 1949. The candidate may be allowed to reappear at the examination following the one failed by him. The Board may, at its discretion, deny the candidate the privilege of reexamination.

Failure to exercise the privilege of reexamination within three (3) years, entails the filing of a new application with the usual application and examination fees.

After two failures in either Part I or Part II on the first application, the candidate may reapply with a new application and reapplication fee of $35.00 and reexamination fee of $100 and be readmitted to examinations once only. Exceptions to this ruling can be made only by action of the entire Board of Directors in annual session, usually to be based upon evidence of additional training and experience sufficient to warrant such action.

GRADUATE TRAINING RESIDENCIES

This Board, through the Council on Medical Education and Hospitals of the American Medical Association, has approved institutions providing the acceptable residencies in obstetrics and gynecology.

The American Board of Obstetrics and Gynecology has established the following requirements for its approval of a residency in a hospital department or service:

1. It is most desirable that the Chief of Service of the Department be certified by the Board, in the interests of the proper teaching of the specialty of obstetrics and gynecology. In lieu of such certification the Board will approve of individuals of recognized high professional standing in the specialty. At least one additional senior member of the staff should be similarly qualified.

2. Exceptions to the foregoing, in respect to the certified status of Chiefs of Service and others as outlined above, can be made by assent of the Committee on residency Training, for adequate and justifiable reasons. As examples of the latter, the degree of F.A.C.S. in obstetrics-gynecology may be accepted in lieu of one of the two required certifications if the general reputation of the person concerned is known to the Committee as national or sectional in scope, or a professorial rank without certification might be acceptable.

3. In instances where the services of obstetrics-gynecology are not combined but are separate in any given hospital, the Chief of each such service seeking approval and at least one of his subordinates must be certified or otherwise qualified as outlined above. If obstetrics and gynecology are not combined in one department, approval can be granted only if arrangements are made for some degree of rotation of residents between both services, provided both services are separately approved.

4. If gynecology is classified in the given hospital as a subdivision or subservice of general surgery, approval cannot be granted for residency training in gynecology. Exceptions have been made if the subdivision of Gynecology is headed and staffed by a Chief and at least one other certified by this Board or otherwise qualified as specialists in obstetrics-gynecology, as specified above, thus ensuring an acceptable educational program in obstetrics-gynecology.

5. Departments holding official approvals for residency training are cautioned that their totals of residents appointed must be kept to the number specified in the A. M. A.—American Board approval notification. Dilution of training facilities by unauthorized appointment of residents in excess of these numbers may be cause for reinspection and changes in approval status of such hospitals and their special services.

6. For further details of requirements and qualifications for approval for residency training, hospital officials should refer to the latest special issues of THE JOURNAL of the A. M. A. as they appear during each year, dealing with these subjects, or should apply to the Council on Medical Education and Hospitals of the A. M. A. for bulletins entitled Essentials of Approved Residencies and Fellowships.

7. Application for residency approval must be made in triplicate on special forms provided for this purpose. These forms may be obtained from the Secretary of the Council on Medical Education and Hospitals of the A. M. A. All statements amplifying an application should also be made in triplicate. The hospital should keep a duplicate of all papers.

8. The formal application, with all papers, for residency training approval should be submitted primarily to the Council on Medical Education and Hospitals of the A. M. A., 535 N. Dearborn St., Chicago 10. Action is taken jointly by the Council and this Board after survey by the Council.

9. Approvals are granted according to adequacy of the training program and teaching facilities of various institutions on the following several bases: (a) one-year approval in obstetrics and gynecology (combined) or one-year approval in obstetrics and/or gynecology (separate), correlated basic science instruction being an essential part of the first year; (b) two-year approval in obstetrics and gynecology (combined) or two-year approval in obstetrics and/or in gynecology (separate), provided there is opportunity in the latter instances for some degree of rotation between the two services as well as laboratory instruction in basic sciences; (c) three-year approval in obstetrics and gynecology (combined) or in obstetrics or in gynecology, provided there is opportunity for one to one and one-half years service in the branch of the specialty opposite to that in which the candidate holds appointment, as well as laboratory instruction in the basic sciences of both branches.

Exchange residencies within the specialty between approved institutions are acceptable and to be encouraged. Many authorities believe that training in more than one institution is broadening to the candidate. "Farming out" to unapproved institutions or services is not acceptable unless the work of such services is directly and carefully supervised by the Chiefs of the service in the approved hospital under which the man is actively appointed and working. This should be attested by such Chiefs.

Exchange residencies into other specialties cannot be permitted to subtract from the minimal required three (3) years of training divided between obstetrics-gynecology.

As noted elsewhere in the Bulletin two (2) years of post-training practice limited to the specialty is necessary before a candidate may apply for examination.

This Board has no objection to residency services being arranged by hospitals for periods longer than three (3) years, unless this dilutes the candidate's clinical training opportunities too much during the first three (3) years. However, the Board does not accept a fourth year, or more, of residency training as a substitute for any part of the required two (2) years of post-training practice.

The importance of post-training practice in the specialty is emphasized as an opportunity for maturing of the candidate and for colleague appraisal of a man's ability when working on his own responsibility in his chosen community.

Exception to this ruling may be made for men advancing from their training into and planning to remain in full-time teaching positions. These men then must complete at least two (2) years in such positions. Consequently the only institutions in which men may work as fourth and fifth-year residents and obtain credit for this time as "post-training practice" are those directly affiliated with approved Schools of Medicine as teaching hospitals for undergraduate instruction. These "full-time" men must hold faculty appointments, must have teaching duties with undergraduate students, must be given independent authority more than that of residents, and must make a declaration of intention to remain in full-time teaching work.

10. Any physician formally obligating himself to serve a residency in a Council on Medical Education and Hospitals of the American Medical Association-American Board of Obstetrics and Gynecology approved hospital and thereby eliminating other possible candidates from the position, who breaks his contract without justifiable cause, either before beginning his service or during his period of service, except by mutual consent and agreement between the candidate and the hospital, may be barred from the examinations for certification at the discretion of the Board.

11. It should be recalled by all concerned that credits for graduate training may be obtainable in certain instances for residency or assistantship service in hospitals not officially approved for residency training. Each such case must be individually considered, and credits will be largely dependent upon the teaching qualifications of those in charge of the service and the clinical facilities of the hospital in question.

PRECEPTORSHIP TRAINING

After July 1, 1958, the initiation of Preceptorship Training must be preceded by two (2) years of formal training in an institution approved for Residencies in obstetrics and/or gynecology. Candidates who propose Preceptorship Training must notify the Secretary of the Board of such

intent and request an application form. When this has been completed, signed by the Preceptor and Preceptee and returned to the Secretary, it will be submitted (as has long been true of Residency Training Programs) to the Residency Training Committee of the Board for their decision.

If the program is approved the Preceptor must supervise closely the candidate's work and keep an informative record of the candidate's performance. The Preceptor and the Preceptee shall report in writing to the Secretary of the Board at the end of each six months of Preceptorship, outlining the progress of the training program. This information will be placed in the candidate's application for admission to examination in order that it may be evaluated by the Credentials Committee.

As a general rule each year of Preceptor Training will receive a six-month credit toward the total of three years of training necessary for admission to examination. As is the case with candidates whose training has been entirely by formal Residency, each application will be evaluated finally by the Credential's Committee.

An acceptable Preceptor preferably shall be one certified by the American Board of Obstetrics and Gynecology and must have been certified for a minimum of five years. Fellowship in the American College of Surgeons or long experience and established reputation as an obstetrician-gynecologist without either of the above qualifications may qualify the Preceptor. Preceptor and Preceptee must work in a hospital approved by the Joint Commission on Accreditation of Hospitals.

The post-training practice requirement cannot be carried on concurrently with Preceptorship Training.

AMERICAN BOARD OF OPHTHALMOLOGY

Gordon M. Bruce, Chairman, New York
Paul A. Chandler, Vice-chairman, Boston
Merrill J. King, Secretary-Treasurer, Rockland, Maine
James H. Allen, New Orleans
Alson E. Braley, Iowa City
Arthur Gerard de Voe, New York
F. Bruce Fralick, Ann Arbor, Mich.
Michael J. Hogan, San Francisco
Harold H. Joy, Syracuse, N. Y.
John S. McGavic, Bryn Mawr, Pa.
C. Wilbur Rucker, Rochester, Minn.
Kenneth C. Swan, Portland, Ore.
Miss Lea M. Stelzer, Registrar, Box 236, Cape Cottage Branch, Portland, Maine

PREREQUISITES

1. High ethical and professional standing.
2. Full citizenship in the country where the candidate practices. (Limited to countries of North and South America, their possessions and territories, and the Philippine Republic.)
3. A degree from a medical school of high standing, satisfactory to the Board and approved by the Council on Medical Education and Hospitals of the American Medical Association.
4. Completion of an internship of not less than one year in a hospital approved by the same Council.
5. Completion, by the time of the Written Qualifying Test, of not less than 36 months (a total of 60 months is required of candidates practicing both ophthalmology and otolaryngology) of combined study, training, and practice of ophthalmology in approved medical schools, hospitals, clinics, dispensaries, laboratories, and private practice.

APPLICABLE TO APPLICANTS WHO START RESIDENCIES IN OPHTHALMOLOGY AFTER DECEMBER 31, 1956

Individuals who have completed three years of formal ophthalmological training (residency and basic science courses) may apply for the written qualifying test after completion of 12 months of practice or 12 months of institutional work, a total of 48 months. All other individuals, with less formal training, may apply for the written test after 60 months in ophthalmology or 72 months of combined ophthalmology and otolaryngology. A basic course is recognized as equivalent in time to residency training. All time requirements must be completed by the date of the written test.

GENERAL REQUIREMENTS FOR ALL CANDIDATES

1. Application forms must be filled out completely and accurately. Letters of endorsement, together with any other required credentials, must be sent to the Secretary's office before the published deadline date.
2. Fee of $100.00 remitted with application.
3. A list of papers or books published.
4. Written qualifying test.
5. Practical examination.
6. Special review of ophthalmic surgery. (Instructions on Page 9.)
7. Licensure in the state, province, or country where the candidate practices.

SPECIAL TRAINING

This shall include:

1. Graduate study of the basic medical sciences which are fundamental to the intelligent practice of ophthalmology, particularly: anatomy, histology, embryology, optics, physiologic optics, visual physiology and psychology, pathology, bacteriology, pharmacology, disorders of ocular motility and binocular vision, perimetry, and in the skillful adjustment and use of instruments such as the ophthalmoscope, retinoscope, slit lamp, and microscope. Mere factual knowledge is not sufficient; the candidate must have had training in the application of these subjects and in their use in clinical ophthalmology, especially in refraction.
2. Active clinical experience in approved hospitals, clinics, dispensaries, and private practice. Library and laboratory facilities should be utilized for the intensive study of cases.

These requirements may be met in various ways:

BASIC STUDIES

Anatomy and Histology of the Normal Eye
Embryology and Developmental Abnormalities
Biochemistry
Pathology
Microbiology and Immunology
Optics and Physiological Optics
Ocular Physiology
Medical Ophthalmology
Pharmacology
Neuro-Ophthalmology
Principles of Ophthalmic Surgery

These may be covered by graduate study—by a curricular course in the basic sciences related to Ophthalmology in an approved graduate medical school.

FEES

For original written test, $100.00, payable with application.

For original clinical examination, $50.00 payable on successful completion of the written test.

AMERICAN BOARD OF ORTHOPAEDIC SURGERY

EDWIN F. CAVE, President, Boston, Mass.
WILLIAM H. BICKEL, Vice-president, Rochester, Minn.
S. BENJAMIN FOWLER, Nashville, Tenn.
GEORGE W. N. EGGERS, Galveston, Texas
J. VERNON LUCK, Los Angeles
HARRY D. MORRIS, New Orleans, La.
FRED C. REYNOLDS, St. Louis
JOHN ROYAL MOORE, Philadelphia, Pa.
SAM W. BANKS, Secretary-Treasurer, 116 S. Michigan Ave., Chicago

REQUIREMENTS FOR PART 1 EXAMINATION

1. Citizenship in the United States or Canada, or possession of papers showing intent to become a full citizen.

2. Graduation with a degree of Doctor of Medicine from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association or graduation from a foreign school on the list of institutions surveyed by the aforementioned Council at the time the application is received.

Note: Graduates of foreign medical schools not on the list of the Council who pass the examination of the Educational Committee for Foreign Medical Graduates will be acceptable to the Board on the same basis as others possessing the degree of Doctor of Medicine as herein stated. Send inquiries to the Educational Council for Foreign Medical Graduates, 1710 Orrington Ave., Evanston, Ill. The Board will not accept completion of the examinations of the National Board of Medical Examiners in lieu of the examinations of the Educational Council for Foreign Medical Graduates.

After *1961* the list of approved foreign medical schools will be discontinued by the Council on Medical Education and Hospitals, and every foreign graduate will be required to pass the examination of the Educational Council.

3. Completion of an internship of not less than one year in a hospital approved at that time by the aforementioned Council, or if trained abroad, in institutions considered satisfactory by the American Board of Orthopaedic Surgery.

4. Completion, in addition to the above, of one year of resident training in general surgery in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association.

Note: This minimum year of training in general surgery may also be satisfied in one of the following alternate ways, subject to approval by the American Board of Orthopaedic Surgery, and can be accomplished at any time during the total period of residency training.

(a) A second year of surgical internship.

(b) Time spent in supervised research pertaining to orthopaedic surgery.

(c) Time spent on services which have overlapping interest with orthopaedic surgery.

(d) A fourth year of orthopaedic training, consisting of either 12 months of orthopaedic surgery or 6 months of such surgery and 6 months of fractures and related trauma.

(e) Surgical work in private practice—candidates will present a list of independent surgery prepared by the hospital record librarian and supplemented by letters from at least two colleagues evaluating their experiences.

(f) Surgical work in military service—credit is granted only after termination of military service and presentation of the Professional Training Record and letters from Chiefs of Services.

5. Two of the required three years of resident training in orthopaedic surgery under a program approved by the Residency Review Committee. (See list of approved services in the Internship and Residency Number of the Journal of the American Medical Association.)

FILING OF APPLICATION FOR PART 1 EXAMINATION

1. Application blanks for this examination are obtainable from the office of the Board. They must be returned to the office before November 30 of the year preceding the examination and must be accompanied by the registration fee of $15.00, a nonrefundable fee.

2. The Committee on Eligibility is the sole arbiter in deciding whether the application is acceptable or not. Questions only as to rules and procedures may be answered by the Secretary.

3. Notification of acceptance is mailed to eligible applicants in February of the year of the examination.

4. A fee of $40.00 is payable on receipt of said notification. The fee is not refunded if the candidate fails to appear at the scheduled examination, unless in response to his written request the Committee on Eligibility rules otherwise.

5. An application which has been accepted by the Committee on Eligibility remains valid for three years, after which time a new application and fee are required.

6. The date and place of the scheduled examination are announced in THE JOURNAL of the American Medical Association and also in the Journal of Bone and Joint Surgery. The examination is usually held in April in three cities strategically located in the eastern, central, and western sections of the country.

SCOPE OF PART 1 EXAMINATION

The examination is in two parts—written and oral.

The written part covers such subject matter as: fundamental principles of surgery, elementary fractures and related trauma, orthopaedic surgery, history taking, physical diagnosis and also anatomy, pathology, and physiology and biochemistry, insofar as related to the Specialty.

The oral portion covers the following five subjects: (1) anatomy; (2) pathology; (3) physiology and biochemistry; (4) surgery, and (5) fractures, related trauma and orthopaedic surgery.

RESULTS OF PART 1 EXAMINATION

1. Notification of the results of the part 1 examination is mailed by the Secretary of the Board to both successful and unsuccessful candidates.

Note: No information respective to the results is obtainable prior to the date of said notification. Furthermore, no certificate is issued to successful candidates of part 1 examination, and no details as to the grading of integral parts of the examination are made available to either applicants or diplomates of the Board.

2. Successful candidates may make application to the Board for admission to the part 2 examination, as explained in Section VII.

3. Unsuccessful applicants may repeat the part 1 examination in each of the two ensuing years, as necessary, and may do so without additional training requirements or the filing of a new application. They are, moreover, automatically reconsidered for examination by the Committee on Eligibility during the additional two years their application remains valid.

4. On receipt of the Committee's approval of his eligibility to repeat the examination, the applicant must pay to the Board the fee of $40.00.

5. After the third and subsequent failures to pass the part 1 examination, the Committee on Eligibility may require the unsuccessful candidate to obtain the equivalent experience of one year of residency training acceptable to the Committee. A new application with a fee of $15.00 must then be submitted for each additional examination, and this must, in turn, be followed by payment to the Board of the fee of $40.00 on receipt of notification from the Committee.

REQUIREMENTS FOR PART 2 EXAMINATION

Note: Successful completion of the part 1 examination does not automatically enjoin the Board to declare the candidate eligible for the part 2 examination. Certain additional requirements as well as the approval of the Committee on Eligibility are requisite.

1. Part 2 examination must be taken within the five-year period following completion of the part 1 examination. After this lapse of time it will be necessary to take the part 1 examination over again before eligibility for the part 2 examination can be considered. In some cases the Committee on Eligibility may extend this time beyond five years because of problems presented by service in the military forces.

2. The FORMAL REQUIREMENTS leading to either "full" or "limited"* Certification by the Board are as follows:

(a) Full citizenship in the United States or Canada.

(b) License to practice medicine in the United States or Canada.

(c) High ethical and professional standards and satisfactory moral standing in the community.

3. TRAINING REQUIREMENTS.—The requirements for "Full Certification" (including the training completed prior to part 1 examination) are as follows:

(a) One year of general surgery or its equivalent.

(b) One year of adult orthopaedic surgery.

(c) Six months of fractures and related trauma.

(d) Six months of basic science training.

(e) One year of children's orthopaedic surgery.

Note: The training requirements for "Limited Certification" are identical with those for "full certification" except for the one year devoted to children's orthopaedic surgery. In its stead there is in addition to the above requirements—items 3a through 3d—a choice between the following two alternatives:

(a) Twelve months of training in adult orthopaedic surgery, or

(b) Six months of training in adult orthopaedic surgery and six months in fractures and related trauma.

PRACTICE REQUIREMENTS

These are:

(a) All practice requirements must be satisfied after completion of the formal training requirements.

(b) Practice must be limited to orthopaedic surgery for two years, except as other therapy may be required in the care of patients on emergency services.

(c) Candidates in private practice must spend 14 of the 24 months immediately prior to application for the part 2 examination in one locality to permit the Committee on Eligibility to evaluate the candidate's competence in practice.

(d) A candidate employed full time in institutions may satisfy practice requirements by serving a minimum of two years. The minimum requirement of two years of practice limited to orthopaedic surgery cannot be satisfied by mixing full time institutional work with preceding or subsequent time in private practice unless the Committee on Eligibility rules otherwise.

FILING OF APPLICATION FOR PART 2 EXAMINATION

1. Applications for admission to the part 2 examination must be received in the office of the Secretary of the American Board of Orthopaedic Surgery before August 15 of the year preceding the examination. Each application must be accompanied by payment of the nonrefundable fee of $15.00.

2. An application remains valid for three years, after which time a new application and fee must be submitted.

3. On notification from the Committee on Eligibility of approval of the candidate's application, a fee of $75.00 must be paid to the Board. The notification is mailed out by the Secretary during the month of November preceding the part 2 examination.

4. Failure to appear for the scheduled examination entails forfeiture of the fee unless upon written request from the candidate the Committee rules otherwise.

SCOPE OF PART 2 EXAMINATION

1. The examination consists of two parts—written and oral.

2. The written part covers advanced work in all phases of orthopaedic surgery and trauma related to the muscular skeletal system in which the candidate has been trained.

3. The oral portion covers the following five items: (1) anatomy; (2) pathology; (3) children's orthopaedic surgery; (4) fractures and related trauma, and (5) adult orthopaedic surgery.

Note: Candidates for "limited certification" will not be examined in children's orthopaedic surgery, but will be tested personally in adult orthopaedic surgery and fractures and related trauma by two different groups of examiners.

RESULTS OF PART 2 EXAMINATION

A.—*Successful Candidates*

1. Candidates who have successfully passed the part 2 examination and who are otherwise acceptable to the Board on the basis of full requirements, receive appropriately a "full" or a "limited" certificate, stating that they have been found qualified to practice the Specialty of Orthopaedic Surgery in those fields in which they have been trained and examined.

2. Candidates who obtain "limited certification" are expected to delete children's orthopaedic surgery from their practice because of lack of approved training. They may subsequently become fully certified by completing one year of approved resident training in children's orthopaedic surgery and passing the Board examination in that field. A practice period of one year should intervene between the completion of the additional training and the examination. The examination fee is $25.00.

B.—*Unsuccessful Candidates*

1. Candidates unsuccessful in the part 2 examination are so informed by the Secretary. The grades received on integral parts of the examination are not revealed either to the candidate or to diplomates of the Board.

2. Candidates who fail one oral examination or the written examination will be required to repeat this portion of the examination within three years upon payment of a fee of $25.00.

3. Candidates who fail two oral interviews or one oral and the written test must repeat the entire examination as described in paragraph four.

4. The examination may be repeated on two subsequent occasions without requirement for further training or the filing of a new application. The eligibility of the candidate for reexamination receives automatic consideration from the Committee, and the results will be made known to him. On notification of his approval by the Committee on Eligibility, payment of the fee of $75.00 must be made to the Board.

5. After a third or subsequent failures to pass part 2 examination; the candidate may apply to the Committee on Eligibility for permission to repeat the examination. The Committee may require the candidate to gain additional experience equivalent to one year of resident training. A new application and fee of $15.00 must be submitted for each additional examination and this must be followed by payment to the Board of the fee of $75.00 on receipt of Committee approval of the candidate's eligibility.

*Training leading to Limited Certification will be discontinued after Jan. 1, 1962.

MILITARY SERVICE

1. Medical officers who have elected service in the military forces as their life career compete for certification on the same basis as do doctors in civilian practice; that is, they must satisfy the practice requirements by military assignments in which their duties are limited to the practice of orthopaedic surgery.

2. Medical officers on temporary or permanent status with the armed services who serve in military hospitals approved by the Residency Review Committee, obtain credit on the same basis as do residents on approved services in civilian hospitals.

3. Applicants who serve in military hospitals not approved by the Council for resident orthopaedic training, but whose experience is judged by the Board to have been equal to that obtained on the approved orthopaedic programs, may be granted the maximum credit of one year of resident orthopaedic training.

4. Applicants requesting such credit must submit completed "Professional Training Records" in addition to lists of operations performed by them, and letters from Chiefs of Services with evaluations of their experience.

5. Medical officers assigned to residency programs in civilian institutions on the approved list for orthopaedic training receive the same credit as do civilian candidates.

RECORDS OF SURGICAL CASES AND INSPECTIONS

1. Records of a specified number of consecutive surgical cases may be requested by the Board in order to evaluate properly the work of an applicant.

2. A representative of the Board may visit a community in order to evaluate properly the work of an applicant.

APPROVED RESIDENCIES

1. Training in the United States must be taken in institutions approved for resident training in orthopaedic surgery by the Residency Review Committee. The latter is made up of representatives of the Council on Medical Education and Hospitals of the American Medical Association and the American Board of Orthopaedic Surgery.

A complete list of approved institutions is published annually in the Internship and Residency Number of THE JOURNAL of the American Medical Association. The list is not obtainable from the office of the Board.

2. The integral parts of approved residencies are designated in the list by the following symbols: A—Adult Orthopaedic Surgery; C—Children's Orthopaedic Surgery; F—Fracture Surgery and related Trauma. Training in the basic sciences is given either as an integral part of these services or as a separate course. The length of training in various approved institutions is also indicated.

3. Candidates electing an additional year of training in adult orthopaedic surgery and surgery of fractures and related trauma in lieu of a year of children's orthopaedic surgery for the "limited certificate" may satisfy requirements by continuing their training in institutions approved for adult orthopaedic surgery, or adult orthopaedic surgery and fractures and related trauma.

4. Credit for time spent in institutional resident training will be granted only for the period the institutions are on the approved list. Credit may be given from the start of the resident training period if the institution becomes approved during the time the candidate is in training and the program is found to be satisfactory.

5. Candidates engaged in resident training in institutions which become disapproved in whole or in part receive resident training credit for the entire period during which their contracts are in force.

6. The term "fellow" is considered synonymous with "resident" only if the position occupied and the work performed by the former are in all respects equal to those of the latter. The total number of residents and fellows performing resident training for credit must not exceed the number approved by the Residency Review Committee for a given program.

7. Institutions approved for resident training in orthopaedic surgery by the Residency Review Committee may utilize the training facilities of institutions not individually approved for resident training by the aforementioned Committee, provided that:

(a) The resident spends at least half of the minimum time required in each category of training in institutions approved for that type of training by the Council.

(b) The training supplements services in the same categories in which the institutions responsible for the training is approved.

(c) Whenever the supplemental service is used for six months of training, the program is inspected and is subject to approval by the Residency Review Committee.

Note: Services thus approved may request that they be included under the appropriate training program in the official list of residencies of the Council on Medical Education and Hospitals of the American Medical Association. Services giving five months or less of training are subject to approval but not necessarily inspection by the Residency Review Committee; they are not included in the official list of residencies of the Council.

(d) A maximum of three months is spent on services devoted to rehabilitation.

REQUIREMENTS OF INSTITUTIONS OFFERING ORTHOPAEDIC TRAINING

1. Institutions approved for full three-year programs and including all parts of the training requirements may integrate all parts so that they may be given concurrently.

2. Institutions now approved for less than three years of resident orthopaedic training must make cooperative arrangements with other approved institutions so as to provide complete three-year programs for all of the residents by January, 1962.

3. The minimum requirements of resident orthopaedic training programs are as follows:

(a) One year of training in adult orthopaedic surgery.

(b) Six months of training in the basic sciences.

(c) Six months of training in fractures and related trauma.

(d) One year of training in children's orthopaedic surgery if "Full Certification" is the aim, or else a second year of adult orthopaedic training in surgery, fractures, and related trauma if "limited certification" is elected.

(To be discontinued after January 1, 1962.)

4. Candidates who take an additional year of training in adult orthopaedic surgery and fracture surgery in place of a year of children's orthopaedic surgery may satisfy the requirements by devoting the additional year either solely to training in adult orthopaedic surgery or by taking six months of adult orthopaedic surgery and six months of fractures and related trauma. But the entire year must not be devoted solely to training in fractures and related trauma.

5. Training in adult and chidlren's orthopaedic surgery must include observation and first-hand experience in diagnosis, treatment, and operative and postoperative care of orthopaedic problems.

6. Training in fracture surgery and related trauma must similarly include observation and first-hand experience in diagnosis, conservative and operative treatment, and postoperative care of recent and old fractures as well as other forms of related trauma.

7. Training in the basic sciences must instill a sound knowledge of anatomy, pathology, physiology, bacteriology and biochemistry, insofar as these relate to orthopaedic surgery.

8. Candidates may complete the residency requirements by training in several approved institutions, provided that all of the aforementioned requirements are satisfied.

9. No training period of less than six consecutive months in one institution may be credited toward resident training requirements, except as noted in Section XIV-7c.

10. Candidates in resident training may not engage in private practice of their own or receive credit for time spent in private office practice of others.

AMERICAN BOARD OF OTOLARYNGOLOGY

Gordon D. Hoople, President, Syracuse, N. Y.
Bernard J. McMahon, Vice-President, St. Louis
Lawrence R. Boies, Minneapolis
Louis H. Clerf, Philadelphia
Daniel S. Cunning, New York
Russell M. Decker, Pasadena, Calif.
Lyman H. Heine, Fremont, Neb.
Frederick T. Hill, Waterville, Maine
Percy E. Ireland, Toronto, Canada
Francis L. Lederer, Chicago
Francis E. LeJuene, New Orleans
John R. Lindsay, Chicago
William J. McNally, Montreal, Canada
James H. Maxwell, Ann Arbor, Mich.
Philip E. Meltzer, Boston
Werner Mueller, Boston
C. Stewart Nash, Rochester, N. Y.
Arthur W. Proetz, St. Louis
George F. Reed, Boston
LeRoy A. Schall, Boston
Harry P. Schenck, Philadelphia
O. E. Van Alyea, Chicago
Dean M. Lierle, Secretary-Treasurer, University Hospitals, Iowa City, Iowa

GENERAL REQUIREMENTS

The following general qualifications of candidates for examination are required by the board:

1. A candidate must have been a graduate for five years or more of a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association.

2. A candidate must be of known good moral character and be ethical in his professional relationships.

3. A candidate trained in a foreign country must be able to give proof of medical and graduate training comparable to the requirements of the board.

4. A candidate from the United States or the Dominion of Canada must be a member of the American Medical Association or of the Canadian Medical Association respectively or other such medical societies of equal standing as are recognized by the Council on Medical Education and Hospitals of the American Medical Association.

5. Candidates from foreign countries who have received their training in otolaryngology in the United States and the Dominion of Canada are eligible for examination at the discretion of the American Board of Otolaryngology, provided they meet the general academic requirements of the Board.

SPECIAL REQUIREMENTS

1. A candidate must have had a general internship of at least one year in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association.

2. A candidate must be proficient in the applied basic sciences, fundamental to the intelligent practice of otolaryngology. These include anatomy of the ear, nose, and throat, neck, chest, esophagus and nervous system, gross pathology and histopathology, bacteriology, physiology, didactic otolaryngology and the general fundamentals of surgery. (This requirement may be fulfilled in a residency or fellowship service or in an approved organized post-graduate course.)

3. In addition to the general internship, the required clinical training in otolaryngology may have been acquired in any of the following ways:

(a) A three years' residency or fellowship in otolaryngology approved by the Council on Medical Education and Hospitals of the American Medical Association.

(b) A four years' approved residency or fellowship in otolaryngology and ophthalmology provided one half of the training has been in otolaryngology.

(c) A two years' approved residency or fellowship in otolaryngology or a three years' approved combined residency or fellowship in otolaryngology and ophthalmology, provided two years have been in otolaryngology and have been preceded by at least one year's approved residency training in surgery or medicine, or by an additional year in an approved internship.*

4. In exceptional circumstances certain candidates who do not meet all of the above requirements may be accepted for examination on recommendation of the credentials committee, substantiated by action of the board.

5. At least one year must be spent in private, group, or institutional practice of otolaryngology after the period of special training. This requirement may be waived in cases of candidates from foreign countries who are returning there for the practice of otolaryngology. Should such a candidate pass the examination the certificate of the board will be withheld until the board has been furnished evidence that the candidate has spent one year in the practice of otolaryngology. (When the requirement of an additional year referred to in No. 5 may impose handicaps as to rating, in the Military or Veterans Administration Services, the candidate may be considered under No. 4 above.)

6. A candidate may be qualified for examination, at the discretion of the American Board of Otolaryngology, if an addition to the General Requirements and Special Requirements, No. 1 and 2, he has limited his practice to otolaryngology for seven years in association with a hospital staff approved by the Council on Medical Education and Hospitals of the American Medical Association.

7. A physician who limits himself exclusively to the practice of peroral endoscopy may be granted limited certification in this field by the American Board of Otolaryngology irrespective of certification in any other specialty. Limited certification will be granted provided the candidate has spent not less than one year of training in a hospital approved for endoscopic teaching and has passed successfully examinations in the basic sciences as they pertain to this field, and didactic and clinical examinations covering diseases of the larynx, pharynx, neck, esophagus, stomach, tracheobronchial tree, lungs and mediastinum and certain aspects of cardiovascular disease as they pertain to peroral endoscopy. A limited certificate by the American Board of Otolaryngology will not be issued to physicians who have been certified in a specialty that employs peroral endoscopy in diagnosis and/or treatment because his major interest is in that specialty, not in endoscopy.

All candidates must comply with current board regulations, regardless of the time of filing application.

APPLICATION AND FEES

1. Application must be made in duplicate on special blanks procured from the secretary. The completed application blanks must be returned to the secretary, together with the other required credentials, at least 120 days in advance of the examination at which the candidate desires to appear.

2. The applications must be accompanied by two small photographs of the candidate, together with verification of the period of enrollment from the institutions where training in otolaryngology was obtained, and the names of two or more

*See Standards for Residencies in Otolaryngology published by the American Medical Association.

otolaryngologists, preferably diplomats of the board, from the vicinity of the candidate's place of residency, to be used as references.

3. The fee for the examination is $150. Of this sum $75 must accompany the application, of which $50 shall be returned if candidate is not accepted for examination. No application will be acted on until the $75 application fee is received. The remaining $75 of the total examination fee of $150 must be paid to the secretary on notification that the candidate has been accepted.

4. The fees have been carefully computed on a basis of cost of examinations and are used entirely for administrative expenses. Examiners serve without compensation other than actual expense.

5. The application remains valid for three years. An applicant must appear for examination within this time or forfeit the fee.

6. Candidates whose credentials have been found satisfactory and who meet the requirements of the board will be notified 90 days prior to the date of examination. The number of candidates who can be admitted to any one examination is limited. Due to a large number of applications on file, delay in assignment for examination may be inevitable. Appointments will be given in the order applications are accepted and on payment of the balance of the examination fee.

7. The board, acting as a committee of the whole, reserves the right to reject an applicant for any reason deemed advisable and without stating the same, and the action of the board shall be final.

EXAMINATION

Examinations will be held at such time and place as the judgment of the board may dictate. Advance notice of examinations will be given in THE JOURNAL of the American Medical Association and the several special journals devoted to otolaryngology. Insofar as is possible these will be held biannually at, or near, the time and place of meeting of the American Medical Association, or special societies, and of the American Academy of Ophthalmology and Otolaryngology. The examinations cover from two to four days.

Scope.—This examination encompasses all phases of otolaryngology and peroral endoscopy, including maxillofacial surgery, and surgery of the neck, excluding the thyroid.

The type of examination is as follows:

1. Clinical, covering the actual handling of patients, including history-taking, physical and functional examinations, the use of laboratory and x-ray findings, and a discussion of differential diagnosis.

2. Didactic, oral examinations covering all phases of otolaryngology.

3. Gross and microscopic pathology.

4. A written examination may be included when the board deems this advisable.

AMERICAN BOARD OF PATHOLOGY

JAMES W. KERNOHAN, President, Rochester, Minn.
WILLIAM B. WARTMAN, Vice-president, Chicago
JOHN J. ANDUJAR, Fort Worth, Texas
ROGER D. BAKER, Durham, N. C.
ISRAEL DAVIDSOHN, Chicago
DOUGLAS A. MACFADYEN, Chicago
ALAN R. MORITZ, Cleveland
JAMES N. PATTERSON, Tampa, Florida
S. BRANDT ROSE, Philadelphia
JOHN R. SCHENKEN, Omaha
SHIELDS WARREN, Boston
EDWARD B. SMITH, Secretary-Treasurer, Indiana University Medical Center, 1100 W. Michigan St., Indianapolis 7, Ind.

GENERAL REQUIREMENTS

1. Satisfactory moral and ethical standing in the profession.

2. License to practice medicine or a certificate of the National Board of Medical Examiners.

3. The applicant must devote his time primarily and principally to the practice of pathology.

PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States approved by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from medical schools in other countries acceptable to the board.

SPECIAL TRAINING AND EXPERIENCE

1. The board admits candidates to examinations who are otherwise eligible and who have had either of two following types of training and experience.

(a) After five years, if four of the five years have been in institutions approved by the Council on Medical Education and Hospitals of the American Medical Association or by the board; or

(b) After 11 years if none of the training and experience has been in institutions so approved.

2. The specific requirements for those acceptable after five years are as follows:

(a) Pathology anatomy only.

(1) Four years of supervised study and training in an institution approved for residency training in pathological anatomy by the Council on Medical Education and Hospitals of the American Medical Association or by the board. It is immaterial whether the candidate holds the title of resident or fellow or assistant. Candidates may, at their own election, substitute not to exceed 12 months of a straight or rotating clinical internship or a fellowship or instructorship in any of the preclinical departments of a university for one of the four years. In addition, time, not to exceed 12 months, spent in a department of pathology of an approved school of medicine after the completion of the second year of undergradute study may be counted for full credit toward the four years.

(2) One additional year, which may be a continuation of the preceding or may be independent practice of pathological anatomy in a hospital approved by the American Medical Association or other institutions acceptable to the board.

(b) Clinical pathology only.

(1) Four years of supervised study and training in an institution approved for residency training in clinical pathology by the Council on Medical Education and Hospitals of the American Medical Association or by the board. It is immaterial whether the candidate holds the title of resident or of fellow or assisant. Candidates may, at their own election, substitute not to exceed 12 months of a straight or rotating clinical internship or a fellowship or instructorship, in any of the preclinical departments of a university, for one of the four years. Candidates holding also a master's or doctor's degree in a special field of clinical pathology (bacteriology, serology, chemistry, parasitology, or hematology) may obtain time credit for not more than 12 to 24 months toward the four years for this work, regardless of whether it was taken before or after the medical degree. The evaluation of time credit will depend on how much of the broad field of clinical pathology was covered in the graduate work.

(2) One additional year, which may be a continuation of the preceding or may be independent practice of clinical pathology in a hospital approved by the American Medical Association or other institutions acceptable to the board.

(c) Pathological anatomy and clinical pathology.

(1) Four years of supervised study and training divided as follows: (a) two years of supervised study and training in pathological anatomy as outlined in the preceding para-

graph 2-(a)-(1), (b) two years of supervised study and training in clinical pathology as outlined in the preceding paragraph 2-(b)-(1). Candidates declared eligible before July 1, 1953, may, at their own election, substitute one year (twelve months) of a straight or rotating clinical internship for one year of this special training in clinical pathology. After July 1, 1953, all candidates applying for both pathological anatomy and clinical pathology will be required to have two years of supervised training in clinical pathology.

(2) One additional year, which may be a continuation of the preceding or may be independent practice of both pathological anatomy and clinical pathology in a hospital approved by the American Medical Association or other institutions acceptable to the board. After July 1, 1953, candidates who elect to claim credit for one year for a clinical internship must take this fifth year as supervised study and training in clinical pathology in institutions approved for residency training in clinical pathology by the Council on Medical Education and Hospitals of the American Medical Association or by the board. Candidates declared eligible after July 1, 1953, who do not take a clinical internship, may after four years of training as outlined in 2-(1)-(a) and (b), spend the fifth year in independent practice in an institution or laboratory acceptable to the board.

Note: As outlined in the preceding paragraphs, the total time requirements of the board are unchanged after July 1, 1953, namely, five years of study or practice after graduation from medical school, with exceptions noted in sections 2-(a)-(1) and 2-(b)-(1).

3. The specific requirements for those acceptable after 11 years are as follows: (a) The practice of pathology under circumstances acceptable to the board for a period of not less than 11 years. At the election of the candidates, a period not to exceed one year of straight or rotating clinical internship may be substituted for one of the 11 years. For those candidates in this category who have had some special study and training in pathologic anatomy or clinical pathology acceptable supervised study and training, only seven years of practice are required.

CREDIT FOR MILITARY SERVICES

Credit may be allowed for training and experience in pathology in the federal services during the period July 1, 1940, to June 30, 1947. This credit for training or experience or both is given on an individual basis and will depend on the opportunity the applicant has had, as indicated by his or her medical service record in the specialty of pathology.

After July 1, 1947, credit for those military services will be given on the same basis as it is in civilian institutions, except that the rule in the preceding paragraph will not apply to reserve officers who continue on active duty or are called to active duty after that date.

SPECIAL FIELDS OF PATHOLOGY, CLINICAL CHEMISTRY, CLINICAL MICROBIOLOGY, HEMATOLOGY, AND NEUROPATHOLOGY (IN FORCE AFTER JULY 1, 1954)

The trustees of the American Board of Pathology have adopted the following requirements for certification in special fields of pathology, effective July 1, 1954.

Candidates who have met all general requirements and have had special training and experience that is acceptable to the board in a special field of pathological anatomy or clinical pathology may apply to the board for certification in that special field. The board, at its discretion, may approve this application, and, after the candidate has successfully passed a prescribed examination or has fulfilled certain special qualifications (see below, section D), will issue a certificate designating the special field.

A. General Qualifications:

1. Satisfactory moral and ethical standing in the profession.

2. License to practice medicine or a certificate of the National Board of Medical Examiners.

3. The applicant must devote his time primarily and principally to the practice of pathology or the special field of pathology in which he is requesting certification.

B. Professional Education:

1. Graduation from a medical school in the United States approved by the Council on Medical Education and Hospitals of the American Medical Association or graduation from a medical school in other countries acceptable to the board.

C. Special Training and Experience:

The Board admits candidates to examination in special fields of pathology who are otherwise eligible and who have had either of the following types of training.

1. Applicants already holding a certificate of the board in clinical pathology or the combined certificate in pathological anatomy and clinical pathology (for qualification in clinical chemistry, clinical microbiology, and hematology), or in pathological anatomy (for qualification in neuropathology) —two additional years of supervised training in the special field of their choice in institutions approved by the Council on Medical Education and Hospitals of the American Medical Association or by the board.

2. Applicants not holding a certificate in pathological anatomy or clinical pathology—five years of training in the special field of their choice, provided four of the five years have been in institutions approved by the Council on Medical Education and Hospitals of the American Medical Association or by the board. Candidates may, at their own election, substitute not to exceed 12 months of a straight or rotating clinical internship or a fellowship or instructorship in any of the preclinical departments of a university for one of the four years. The fifth year may be a continuation of supervised training or may be independent practice of the particular specialty in a hospital approved by the American Medical Association or in other institutions acceptable to the board.

D. Special Qualifications—Certification Without Examination:

Prior to Jan. 1, 1960, the board at its discretion may certify candidates without examination if the following conditions have been met as of Jan. 1, 1955:

1. That the candidate has been for a period of five years of professorial rank in the special field of his choice and in an approved medical school, or

2. That the candidate has been practicing his specialty for 10 years in a senior position in a hospital having an adequate department in the special field, approved by the Council on Medical Education and Hospitals of the American Medical Association, or in an institution acceptable to the board.

APPLICATION BLANK AND FEE

Application must be made on the special form that may be procured from the secretary and forwarded with other required credentials and the application fee. An application cannot be given consideration by the board unless it is accompanied by the application fee.

The application or examination fee for candidates is $100. If the candidate fails in his examination he will be admitted to a second examination after one year. The applicant must pay an additional fee of $50 before a second examination will be given.

The application fee of $100 has been determined after careful consideration and is based on actual estimates of the expense of examination and administration. None of the board members receives any compensation for his services except actual expenses incurred.

If the applicant, for any reason, is deemed ineligible for examination by the board, his fee will be returned; however,

the application fee is not returnable after the candidate has officially been accepted for examination and notified to report for the examination.

EXAMINATIONS

Written and oral examinations will be held at the discretion of the board at or near the time and place of national medical meetings. If a number of applications from any region of the country are received, an examination in conjunction with a national medical meeting in that section will be arranged so that the financial outlay of the applicant in meeting the examiners will be as small as possible.

The examinations are to be based on the broad principles of pathology with emphasis on diagnosis, interpretation, and technique. The applicant may apply for certification in either pathological anatomy or clinical pathology or both.

The examinations in pathological anatomy consist of a written test, an oral examination on gross pathology, and a practical examination in microscopic pathology. The examination in clinical pathology consists of a written test and an oral and practical examination in the six phases of clinical pathology: bacteriology, hematology, clinical chemistry, parasitology, serology, and clinical microscopy.

DEFINITIONS

1. Pathological anatomy is that branch of pathology that deals with the morphological aspects of disease, recognition being given that that definition covers two phases of pathology: (a) the applied phase with special attention to the description and diagnosis of gross and microscopic specimens, (b) the academic phases of teaching and general morphological diagnosis.

2. Clinical pathology is that branch of pathology that deals with bacteriology, immunology, clinical chemistry, parasitology, hematology, endocrinology, clinical microscopy, and the application of the physical and biological sciences to the diagnosis, prognosis, and treatment of disease.

CRITERIA FOR APPROVAL OF INSTITUTIONS FOR TRAINING IN PATHOLOGY

In Sections C-2-a, C-2-b, and C-2-c of the General Requirements, it is stated that candidates must have certain periods of supervised study and training. The American Board of Pathology, in cooperation with the Council on Medical Education and Hospitals of the American Medical Association, certifies hospitals in the United States as satisfactory for this supervised study and training. Lists of these hospitals are published in the Internship and Residency Number of THE JOURNAL of the American Medical Association each year. In addition, the American Board of Pathology recognizes certain hospitals outside the United States and certain laboratories not connected with hospitals in the United States. Inquiries concerning these should be directed to the secretary of the board.

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the director of laboratories and in the associates and assistants, the supervision of work of the person in training, the excellence of the educational program, and the exactness and completeness of the laboratory work performed. On the score of quantity, consideration is given to the volume and distribution of laboratory work, both in absolute numbers and in relation to the size of the hospital, to the diversity and completeness of test performed, to the size and equipment of the laboratory, and to the number of professional and nonprofessional personnel in relation to the volume of work.

In general, the qualitative standards will determine whether or not a hospital or laboratory is approved and the quantitative standards will determine whether the approval is for one, two, three, or four years of credit toward the requirements of the board.

In evaluation of applications the board takes into consideration the following criteria:

1. Director of laboratories or pathologist:

(a) It is required that the responsible head of the laboratory hold the certificate of the American Board of Pathology in the subject for which the hospital is approved, or be eligible for certification, and that he or she spend full time in the hospital. Full time is not interpreted in terms of hours, but rather that the director have no obligation outside the one approved hospital except in a university department of pathology in which he and the residents have an opportunity to participate in the educational program;

(b) In special instances, the equivalent of full time by two or more qualified persons will be accepted, and one person need not spend the entire working day in the laboratory;

(c) In special instances, two or more hospitals will be approved as a unit with a single full-time director of laboratories, if it is apparent that a satisfactory training program can be conducted;

(d) In hospitals with over 350 beds, it is expected that the professional staff, in addition to the pathologist, will include one or more persons with special training and qualifications in the subspecialties of clinical pathology.

2. Technicians:

There are no absolute criteria, but it is expected that the number of technicians will be proportional to the volume of laboratory work and that, insofar as possible, the technicians will hold the certificate of the Registry of Medical Technologists of the American Society of Clinical Pathologists.

3. Floor space of laboratory:

In general, it is believed that the size of the laboratory should be related to the size of the hospital and the volume of laboratory work. A minimal ratio is 4 sq. ft. of space in the laboratory, including morgue and autopsy room, for each bed in the hospital.

4. Equipment for the laboratory:

The variety and completeness of laboratory tests performed depend on the size of the hospital. In all hospitals there should be facilities for the more common tests in clinical pathology, for study of surgical specimens, and for performance of autopsies. In larger hospitals, the variety of tests performed should be larger, and in hospitals with over 300 beds all recognized laboratory procedures should be available for study and treatment of the patients.

5. Autopsy percentage:

No institution with a percentage of less than 15 will be approved, and those institutions with percentages between 15 and 40 will be given special scrutiny.

6. Examination of surgical specimens:

All surgical specimens should be sent to the laboratory for gross examination, and microscopic examinations should be made unless there are general or special reasons not to do so.

7. Indices:

There should be indices according to the names of the patients and the diagnoses of all surgical and autopsy material. Indices of clinical pathology are left to the discretion of the hospital.

8. Museum:

There should be available fixed anatomic and pathological specimens for study by the staff in proportion to the size of the hospital. Properly filed and indexed color photographs may in part be substituted for museum specimens.

9. Library:

A reasonably complete library of modern books and recent unbound and bound journals should be available to the hospital, and the more commonly used books and journals should be on hand in the laboratory.

10. Education program:

The work of the person in training should be supervised. Conferences, seminars, journal clubs, and demonstrations should be conducted as frequently as the volume of material and the size of the staff justifies. A clinicopathological conference must be held at least every two weeks.

11. Volume of laboratory work:

(a) As indicated in the following categories, no hospitals with less than 75 autopsies, 1,000 surgical specimens, and 25,000 tests in clinical pathology annually will be approved (Category D), except as outlined in the following paragraphs. It is the belief of the board that less material than this is inadequate for the training of a pathologist.

(b) In the field of clinical pathology, there should be a reasonable diversification of tests, and in each category there should be sufficient absolute volume to provide training and experience. There are no absolute criteria, but special scrutiny will be given to a hospital in which there is not a reasonable diversification and variety.

(c) In the field of pathological anatomy, a deficiency in either autopsies or surgical specimens may be made up by an excess of the other, if the deficiency does not exceed 20% of the minimum required in the ratio of one autopsy to 75 surgical specimens. Thus, in a hospital approved for one year in pathological anatomy and clinical pathology, the minimums are 75 autopsies and 1,000 surgical specimens. If a hospital has 2,500 surgical specimens, it is acceptable if there are only 60 autopsies.

If a hospital has met these minimal qualitative and quantitative standards, it will then, on the basis of the following quantitative standards, be approved for one, two, three, or four years of training in pathological anatomy, or clinical pathology, or both, or some special field as shown for the number of residents indicated.

Category A. In both pathological anatomy and clinical pathology for four years (as required of all candidates seeking certification in both fields who are examined after July 1, 1952).

Minimum: 150 autopsies, 1,750 surgical specimens, and 65,000 tests in clinical pathology for four residents. Additional resident for each 50 autopsies or 500 surgical specimens or 20,000 tests in clinical pathology.

Category B. In both pathological anatomy and clinical pathology for three years. This meets all requirements of the board for supervised training until July 1, 1952. Candidates examined after that date who seek certification in both subjects must take an additional year of supervised training in clinical pathology or pathological anatomy in another hospital that is approved for the deficiency of training required.

Minimum: 125 autopsies, 1,500 surgical specimens, and 50,000 tests in clinical pathology for three residents. Additional resident for each: 50 autopsies, 500 surgical specimens, or 20,000 tests in clinical pathology.

Category C. In both pathological anatomy and clinical pathology for two years. Candidates taking two years in these institutions must have an additional year (two years after July 1, 1952) in an institution in category A, B, or D.

Minimum: 100 autopsies, 1,250 surgical specimens, and 40,000 tests in clinical pathology for two residents. Additional resident for each 50 autopsies, or 500 surgical specimens or 20,000 tests in clinical pathology.

Category D. In both pathological anatomy and clinical pathology for one year. Candidates taking training in these institutions must have an additional two years (three years after July 1, 1952) in institutions that are approved for the deficiency of training required.

Minimum: 75 autopsies, 1,000 surgical specimens, and 25,000 tests in clinical pathology for one resident. Additional resident for each 50 autopsies, or 500 surgical specimens, or 20,000 tests in clinical pathology.

Category E. In pathological anatomy only, for three or more years. Candidates taking all training in these institutions will not be eligible for certification in clinical pathology unless an additional year (two years after July 1, 1952) is taken in clinical pathology in institutions that are approved for the deficience of training required.

Minimum: 175 autopsies and 1,500 surgical specimens for three residents. Additional resident for each 50 autopsies or 500 surgical specimens.

Category F. In pathological anatomy only, for two years. Candidates taking training in these institutions will not be eligible for certification in clinical pathology unless they take one additional year full time in clinical pathology (two years after July 1, 1952) in institutions that are approved for the deficiency of training required, and will be eligible in pathological anatomy only if another year is taken in another institution that is approved for one or more years in pathological anatomy.

Minimum: 125 autopsies and 1,250 surgical specimens for two residents. Additional resident for each 50 autopsies or 500 surgical specimens.

Category G. In pathological anatomy only, for one year. Candidates training in these institutions will not be eligible in both pathological anatomy and clinical pathology unless they take an additional year in pathological anatomy and an additional year (two years after July 1, 1952) in institutions that are approved for these periods of training. Candidates seeking certification in pathological anatomy only must study an additional two years in institutions that are approved for that period of training.

Minimum: 75 autopsies and 1,000 surgical specimens for one resident. Additional resident for each 50 autopsies or 500 surgical specimens.

Category H. For postmortem part of pathological anatomy for two years. Credit is never allowed for more than two years. Candidates taking training in these institutions may pursue further training as follows: 1. For pathological anatomy only. An additional year in an institution in Category A, B, C, E, F, or G with assignment to surgical pathology principally. 2. For pathological anatomy and clinical pathology. An additional year (two years after July 1, 1952) in an institution in Category A, B, C, L, M, or N with assignment to clinical pathology and one-half year assigned to surgical pathology principally, in an institution in Category A, B, C, or J.

Minimum: 125 autopsies for two residents. An additional resident for each 60 autopsies.

Category I. For postmortem part of pathological anatomy for one year. Candidates taking training in these institutions may pursue further training as follows: 1. For pathological anatomy only. An additional two years in an institution in Category A, B, C, E, F, or G with general assignments. 2. For pathological anatomy and clinical pathology. An additional year (two years after July 1, 1952) in an institution in Category A, B, C, L, M, or N with assignment to clinical pathology; and one year to an institution in Category A, B, C, E, F, or G.

Minimum: 75 autopsies for one resident.

Category J. Surgical pathology part of pathological anatomy for one year. Credit is never allowed for more than one year, and the director of the laboratory must hold the certificate of the American Board of Pathology in pathological anatomy or be eligible for certification. Candidates training in these institutions may pursue further training as follows: (1) For Pathological Anatomy only. An additional two years in an institution in Category H or in an institution in Category A, B, or C with assignment to postmortem pathology only. (2) For Pathological Anatomy and Clinical Pathology an additional year (two years after July 1, 1952) in an institution in Category A, B, C, L, M, or N with assignment to clinical pathology full time, and an additional year to an institution in Category A, B, D, E, F, G, or H with assignment to postmortem pathology full time.

Minimum: 2,000 surgical specimens for one resident. An additional resident for each 1,000 surgical specimens.

CATEGORY K. Special pathology as part of pathological anatomy. Credit for not to exceed one-fourth the time credit (one year if seeking certification in pathological anatomy only, six months if seeking both pathological anatomy and clinical pathology) of candidates applying in pathological anatomy may be taken in special laboratories with limited activities such as neuropathology, orthopedic pathology, ophthalmic pathology, etc. The candidate who receives credit in this category may, on request, have the field of special pathology designated on the certificate of the board.

CATEGORY L. Clinical pathology for three or more years. Candidates taking three years of training in these institutions will not be eligible for pathological anatomy unless they take an additional two years in institutions approved for pathological anatomy.

Minimum: 100,000 tests in clinical pathology for three residents. Additional resident for each 50,000 tests.

CATEGORY M. Clinical pathology for two years. Candidates taking two years training in these institutions must take the same additional training as in Category L to be eligible for pathological anatomy also. To be eligible for clinical pathology only, an additional year of clinical pathology must be taken in an approved institution.

Minimum: 75,000 tests in clinical pathology for two residents. An additional resident for each 50,000 tests.

CATEGORY N. Clinical pathology for one year. Candidates taking training in those institutions must take an additional two years in an institution in Category A, B, C, L, or M assigned to clinical pathology for eligibility in clinical pathology only. To be eligible in pathological anatomy and clinical pathology, an additional two years in approved institutions is required.

Minimum: 50,000 tests in clinical pathology for one resident.

CATEGORY O. Special clinical pathology as part of clinical pathology. Candidates applying for clinical pathology only may receive credit for not in excess of one-quarter of the training period (one year if seeking certification in clinical pathology only, six months if seeking both pathological anatomy and clinical pathology) for work in a special field of clinical pathology, such as bacteriology, serology, etc. Under these circumstances, on request, the special field will be designated on the certificate of the board.

CATEGORY P. Research: Residence in certain institutions in which full time is devoted to research with a direct application to the practice of pathological anatomy or clinical pathology may be accepted for credit not to exceed one-third the time requirement (20 months if no clinical internship, 16 months if a clinical internship was taken). The board encourages research and believes that all candidates should carry on investigation during their training in all institutions. Therefore, this category is only for those wishing to do full time research.

AMERICAN BOARD OF PEDIATRICS

LEE F. HILL, President, Des Moines, Iowa
JAMES MARVIN BATY, Vice-president, Boston
ROBERT B. LAWSON, Secretary-Treasurer, Miami, Fla.
JOHN A. BIGLER, Chicago
CRAWFORD BOST, San Francisco
JAMES G. HUGHES, Memphis, Tenn.
J. A. JOHNSTON, Detroit
RALPH V. PLATOU, New Orleans
A. ASHLEY WEECH, Cincinnati
JOHN McK. MITCHELL, Executive Secretary, 6 Cushman Rd., Rosemont, Pa.

REQUIREMENTS FOR CERTIFICATION*

All candidates for examination for certification must meet the following requirements:

1. Graduation from an approved medical school.

2. Licensure to practice in the United States prior to issuance of a certificate except in those situations in which a license to practice is not required.

3. One year of rotating, pediatric, or other internship in an approved hospital.

4. Two years of specialized residency-type training in an approved pediatric center.

At least one year of the two years of required residency training must be a full-time medical pediatric inpatient residency or internship in an approved institution. The second year of required residency training may be met in the ways listed below, although the board recommends that whenever possible candidates complete the two years as regular residents.

(a) Graduate School courses will be accepted only in exceptional cases by prior arrangement, up to a maximum of nine months.

(b) A maximum of three months' credit each is allowed for full-time residency type training in allied pediatric subjects such as pediatric allergy, pediatric psychiatry, pediatric pathology, pediatric radiology, newborn service, etc.

(c) A maximum of six months' credit is allowed for residency training in an approved contagious disease hospital.

5. A subsequent term of two years of specialized study or practice or a combination of the two.

Credit for one year toward this requirement is allowed for medical military service regardless of the assignment. The maximum credit that any candidate may receive toward the practice requirement for work done prior to the completion of residency training is one year.

Research residencies which involve little or no clinical training are creditable for only three months. Research residencies which include significant clinical training may be prorated to a total of six months for a year of service. Teaching fellowships may not be offered in lieu of residency appointments.

Both research residencies and teaching fellowships are, of course, entirely acceptable in satisfaction of the practice or further study requirements. Portions of a research residency not applicable for residency training credit may be carried over for practice credit.

Preceptorships are not accepted for credit toward the residency requirement, but are accepted toward the practice requirement.

GRADUATES OF MEDICAL SCHOOLS IN CANADA

Graduates of approved medical schools in Canada and those who have received their internship and residency training in pediatrics in hospitals approved by the Royal College of Physicians and Surgeons of Canada will be eligible for examination for certification under the same regulations as those trained in the United States.

GRADUATES OF FOREIGN MEDICAL SCHOOLS

Citizens of the United States.—Citizens of the United States of America who are graduates of medical schools other than those in the United States and Canada will be

*A booklet of information, presenting in more detail the data published here, may be obtained from the Executive Secretary of the Board. To avoid misunderstanding, the board urges any candidate whose training is not clearly covered in these regulations to communicate with that office. Whenever possible, this should be done before entering upon the appointment in question.

processed for eligibility for examination for certification if they can meet all the following requirements:

1. They are graduates of medical schools recommended by the Council on Medical Education and Hospitals of the American Medical Association.

2. They hold a license to practice in the United States.

3. They can meet the internship and residency training requirements of the board as detailed above with the following provisions:

(a) Internship and residency training must be served in hospitals approved by the board in the United States.

(b) A maximum of the internship and one year of residency training may be allowed for such experience obtained in a small list of foreign hospitals recognized by the board. The other year of residency training must be served in a straight inpatient medical pediatric residency appointment in an approved hospital in the United States.

Citizens of the United States of America who are graduates of medical schools other than those in the United States or Canada, and which are not recommended by the Council on Medical Education and Hospitals of the American Medical Association, may be accepted for examination for certification after they have passed successfully part 2 of the examinations of the National Board of Medical Examiners, or the qualification examination of the Educational Council for Foreign Medical Graduates, provided they meet all other requirements of the Board as provided in regulations governing such candidates.

Citizens of Other Countries.—Properly qualified candidates who are permanent residents in and citizens of other countries and are licensed to practice there and who have fulfilled the residency training requirements listed above in the United States or Canada may apply for examination for certification by the American Board of Pediatrics.

Such foreign candidates who are returning to their own country at the end of their training period may be examined without completion of two full years in the practice of pediatrics. The residency training requirements must be completed in full in advance of admission to any part of the examinations.

A special certificate, appropriately identified to distinguish it from the regular certificate of this board, may be issued to such candidates who have passed successfully the examinations of this board after they have completed such a period of practice or further study in their own country which when added to similar experience in the United States or Canada, make a total of two years of the practice of pediatrics.

INFORMATION CONCERNING EXAMINATIONS

The examinations for certification are given in two sections: part 1 is written, part 2 is an oral examination.

Part 1—*Written*

Written examinations are objective in type and are given once each year, usually in January, simultaneously at a number of places scattered throughout the country, and at a few locations abroad. Candidates must pass the written examination before admission to the oral examination will be authorized.

Part 2—*Oral*

Oral examinations are held four to six times each year at centers offering suitable facilities, in locations determined by proximity to the largest number of eligible candidates. One examination session each year is scheduled at a location closer to candidates from some less populous area. As far as possible, candidates are given a choice of locations, taking into account date application is filed, date of eligibility and proximity to the examination site.

Candidates who are admitted to the oral examination (part 2) will not be informed of their grade on the written portion. Their relative standing in part 1 will, however, be utilized in final decision with regard to passing.

Candidates who fail after taking part 2 will not be required to retake part 1 but may be advised to do so in order that they may have an opportunity to improve a low score.

APPLICATION

Application must be made on special blanks, which will be furnished by the executive secretary after a preliminary survey of the applicant's training. Applications may be submitted one year in advance of eligibility date; they will not be accepted earlier. The number of candidates admitted to a given written examination will be determined by the number who can be examined orally during that year, plus a reasonable number of alternates.

LETTERS OF RECOMMENDATION

Letters from two competent pediatricians recommending each applicant must be sent to the executive secretary of the board. These letters should not accompany the application but should be sent directly to the executive secretary.

FEES

The application fee is $75.

The full fee must be remitted with the application. No additional fee is required for second and third written examinations. The fee for second and third oral examinations is $50 each.

CERTIFICATION IN SUBSPECIALTY OF ALLERGY

WILLIAM C. DEAMER, Chairman, San Francisco
SUSAN DEES, Durham, N. C.
JEROME GLASER, Rochester, N. Y.
GEORGE B. LOGAN, Rochester, Minn.
HARRY L. MUELLER, Boston
RICHARD H. TODD, Washington, D. C.

The American Board of Pediatrics has established certification in allergy as a subspecialty of pediatrics.

All candidates must hold a certificate in Pediatrics before submitting an application for examination in Allergy.

Each allergy application is individually considered and must be accepted by the subspecialty board.

INFORMATION CONCERNING EXAMINATION

Allergy examinations consist of written and oral portions. The written examination will be given once a year under a local monitor and must be passed before the candidate is admitted to oral examination. Oral examinations will be held at times and places designated by the subspecialty board. Ample notice will be sent to candidates.

FEES

The application fee for certification in allergy is $100.

The full fee must be remitted with the application.

No additional fee is required for second and third written examinations. The fee for second and third oral examinations is $50 each.

Application forms will be forwarded on request to the office of the Executive Secretary of the American Board of Pediatrics and should be returned to that office when completed. All correspondence should be addressed to him.

REQUIREMENTS

(1) Certification in Pediatrics.

(2) Two years of full-time training in an approved allergy clinic and its associated hospital. At least half of such training must be in pediatric allergy. Three types of allergy clinics have been approved: (a) pediatric, (b) adult, and (c) mixed.

Two years of training in clinics of type (a) or (c), or one year in each, is acceptable. One year in (b) and the other in (c) is not acceptable. Please see Intern and Residency number of J. A. M. A. for listing of approved hospitals and associated clinics. In place of (2) the candidate may take (3).

(3) One year full-time training in an approved allergy clinic plus two years part-time training of at least 200 hours each year in an approved allergy clinic and hospital. At least half of the total experience must be in pediatric allergy. Thus, training which consists only in a combination of (b) and (c) as defined above does not qualify.

OR

(4) Five years, part-time, at least 200 hours each year, in an approved pediatric or mixed allergy clinic and its activities.

RESEARCH: If at least half of a candidate's qualifying full-time training is in clinical pediatric allergy, the remainder may be spent in supervised allergy research or in training in adult allergy at an approved clinic, or in a combination of the two.

PRECEPTORSHIP: Preceptorship alone is not acceptable, but part of a full-time training program (50% or less) may include supervised training in the private office of a qualified allergist, provided such an arrangement is part of the training program of an approved clinic and the preceptor and clinic training run concomitantly.

CREDIT FOR COURSES: Established courses or seminars in Allergy and Immunology, which are attended during the training period, may be credited for part-time training. Instruction such as is given in these subjects by the American Academy of Pediatrics, the Academy of Allergy, or the College of Allergy are examples. Three hours of credit toward part-time training will be allowed for each hour of instruction, but not over 20% of required part-time training hours may be so credited each year.

The candidates should be prepared for oral and written examinations in the theory and practice of allergy. This will include immunology, atopy, allergy of infection, experimental hypersensitivity, the clinical manifestations of allergic disease, especially as they appear in infants and children, and also allergic factors that may be present in other diseases. They must be prepared to discuss diagnostic procedures and methods of treatment and the pharmacology of drugs and physiology of respiration as they relate to allergy and asthma. In controversial matters, they should be familiar with arguments on both sides of such questions.

CERTIFICATE

When accepted the diplomate will receive from the American Board of Pediatrics a certificate in allergy and will be listed as a specialist in allergy.

Prospective applicants for certification in the subspecialty of allergy may apply to the executive secretary of the American Board of Pediatrics.

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

ROBERT L. BENNETT, Chairman, Warm Springs, Ga.
WILLIAM H. SCHMIDT, Vice-chairman, Philadelphia, Pa.
ARTHUR S. ABRAMSON, New York
DONALD A. COVALT, New York
O. LEONARD HUDDLESTON, Santa Monica, Calif.
H. WORLEY KENDELL, Peoria, Ill.
A. B. C. KNUDSON, Washington, D. C.
FREDERIC J. KOTTKE, Minneapolis, Minn.
DONALD L. ROSE, Kansas City, Kans.
ARTHUR L. WATKINS, Boston, Mass.
EARL C. ELKINS, Secretary-Treasurer, 200 First St., S. W., Rochester, Minn.

QUALIFICATIONS

A. Satisfactory moral and ethical standing in the profession.

B. A legal license to practice medicine in one or more of the states of the United States, its territories, the District of Columbia, or one or more of the provinces of Canada.

C. Graduation from a medical school approved by the Council on Medical Education and Hospitals or graduation from a foreign medical school which, in the opinion of the board, offers medical education equivalent to such an approved school; completion of an internship in a hospital approved by said Council.

D. A period of study after the internship of not less than three years in a residency approved by the above mentioned Council. This period of study shall include graduate training in basic science as related to physical medicine and rehabilitation and not less than two years of clinical training and experience in physical disabilities related to the fields of rheumatology, neurology, neurosurgery, orthopedics, and medicine.

E. An additional period of not less than two years in full time practice of physical medicine and rehabilitation.

Training in approved residency programs in closely allied medical-surgical fields may be acceptable in part (for D above), but such credit is limited and based on individual interpretation by the board.

In selected cases, a candidate may be deemed eligible for examination on the basis of eight years of full time practice in physical medicine and rehabilitation (as a substitute for D and E above).

EXAMINATION

The examination for certification is given in two parts. Part 1 is written, part 2, oral. Examinations are given once a year and cover certain aspects of the basic sciences and the clinical aspects of physical medicine and rehabilitation (including the role of associated personnel such as the physical therapist, occupational therapist, clinical psychologist, social service worker, and vocational guidance counselor).

APPLICATION

The application form shall contain a record of the candidate's premedical and medical education, internship, graduate study, and verification of full-time practice in the specialty. The application shall be accompanied by a fee of $75 if the candidate is applying for part 1 only, and by a fee of $125 if applying for parts 1 and 2. (In case of rejection of the application, evaluation fee of $25 will be retained by the Board, and the examination fee will be refunded.)

CERTIFICATION

Certificates of the board shall be issued to the effect that the applicant has been found qualified as a specialist in physical medicine and rehabilitation.

AMERICAN BOARD OF PLASTIC SURGERY

S. Milton Dupertuis, Chairman, Pittsburgh
Clarence R. Straatsma, Vice-Chairman, New York
Leslie H. Backus, Buffalo
Truman G. Blocker, Jr., Galveston, Tex.
Herbert Conway, New York
Albert D. Davis, San Francisco
John B. Erich, Rochester, Minn.
William H. Frackelton, Milwaukee
James B. Johnson, Beverly Hills, Calif.
Edward A. Kitlowski, Baltimore
J. J. Longacre, Cincinnati
Robert E. Moran, Washington, D. C.
Gerald B. O'Connor, San Francisco
Kenneth L. Pickrell, Durham, N. C.
Frank McDowell, Secretary-Treasurer, St. Louis
Mrs. Estelle E. Hillerich, Corresponding Secretary, 4647 Pershing Ave., St. Louis 8

GENERAL REQUIREMENTS

1. Moral and ethical standing in the profession satisfactory to the board.

The board, believing that the practice of "fee splitting" is pernicious, leading as it does to traffic in human life, will reserve the right to inquire particularly into any candidate's practice in regard to this question.

2. Those whose activities are limited to the practice of plastic surgery.

3. This board will accept as applicants for examination only those who are full citizens of the United States or Canada. Notarized statements, not original citizenship papers, attesting to the fact of full citizenship in the United States or Canada must be furnished by foreign-born applicants when the application is filed. Such candidates must have at least two years of practice in plastic surgery in North America after completing the training required by the board.

PROFESSIONAL REQUIREMENTS

The board considers the requirements outlined below to be minimal in attaining its purposes and encourages candidates to take advantage of broadening experience in other fields. Candidates must fulfill the requirements that are in force at the time of their examination and/or certification.

1. Graduation from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from a foreign school considered acceptable by the board.

2. Completion of an internship of not less than one year in a hospital approved by the same Council.

3. Two years of postgraduate work in general surgery, beyond the intern year, as a resident or an assistant resident in a hospital approved by the same Council. This requirement will be increased to three years for those candidates who start their residencies or preceptorships in plastic surgery on or after July 1, 1960.

4. Training in general plastic surgery, including maxillofacial surgery, for an additional period of not less than two years in a residency approved by the same Council, or in a preceptorship approved by the Board. In fulfilling this requirement, there is a limit of one year's credit given for all work done in all governmental plastic surgery residencies (Army, Navy, Veterans Administration hospital, etc.) regardless of the time put in by trainees in such residencies. It is required that all such trainees take one additional year of approved training in plastic surgery in a civilian residency or preceptorship.

5. During these years of training following the internship year, a candidate must hold positions of increasing responsibility for the care and management of patients with surgical conditions. When a candidate receives his training in more than one institution, it is equally imperative that he hold positions of increasing responsibility. He must have sufficient operative experience to acquire surgical skill and judgment through the performances of surgical operations with a high degree of responsibility, but under circumstances providing adequate opportunity for consultation and advice.

6. An additional period of not less than two years of practice in plastic surgery. If a candidate elects to spend one or two additional years in approved training in plastic surgery, one year of such training will be credited toward the required two years of private practice if it can be demonstrated that the candidate held a position of increasing responsibility. It is imperative that one year be in actual private practice in such instances.

The Board gives credit only for training in plastic surgery received in the United States or Canada but may, at its discretion, give credit towards the required private practice period for training in plastic surgery received in countries other than the United States and Canada, each case being determined individually.

The above training in plastic surgery may be taken as a resident in an approved hospital or under an approved preceptorship offering equivalent training (a list of currently approved preceptorships is available from the board office).

The period of special training should emphasize the relation of the basic sciences—anatomy, pathology, physiology, biochemistry, bacteriology—to the application of surgical principles which are fundamental in all branches of surgery, and especially to plastic surgery. In addition, the candidate must understand and be trained in the following subjects: the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, narcotics and hypnotics, wound healing, etc.

The board reserves the privilege of requesting lists of operations done solely by the candidate for one or more years, or of requesting special and extra examinations, written or oral and practical, and of requesting any specific data concerning the candidate that may be deemed advisable before making final decision for certification.

Eligibility rulings or an evaluation of a candidate's qualifications or training cannot be made by the secretary or by any one member of the board. Official evaluations of qualifications are made only by the committee on credentials and requirements or by the entire board where necessary after a review of the candidate's formal application for such rulings. The applicant must allow at least two months for such requests to make the rounds of the committee.

TRAINING FACILITIES

Residencies.—The American Board of Plastic Surgery, in cooperation with the Council on Medical Education and Hospitals of the American Medical Association and the American College of Surgeons, evaluates training facilities in institutions providing acceptable residencies in plastic surgery. The board does not assume the responsibility for independent inspection and approval of residencies. It will inspect and make recommendations for or against approval of a residency in plastic surgery only after the director of the residency has applied to the Residency Review Committee in Plastic Surgery of the Council on Medical Education and Hospitals of the American Medical Association for approval of the residency and after the Council has notified the board to that effect. Therefore, any diplomate of the board wishing approval of a residency under his supervision should apply to the Council for such approval.

The board will make its own inspection, preferably at the same time as the American Medical Association Council inspection, and will report its findings to the Council. Upon completion of consideration by the Council and the board, the hospital will be notified by the Council of the joint

action that has been taken, and the hospital and the secretary of the board will be notified simultaneously by the Council to avoid any misunderstanding as to the status of the program.

Preceptorships.—In certain instances the board will accept, in lieu of the required two years' training in an approved residency, training in an approved preceptorship under a fully qualified plastic surgeon when such preceptorship is properly organized and supervised to give the trainee adequate experience and training in plastic surgery of a well-rounded nature. Trainees will be required to keep a detailed record of their experience, presenting this report to the board annually on a report form supplied by the board on request. In preceptorship programs of training it would be well for the preceptor to report annually to the board the name and qualifications of any preceptee under his supervision and the work done by the preceptee. Neither the board nor its individual members can be responsible for the placing of applicants for training. The board considers those residencies approved by the Council on Medical Education and Hospitals of the American Medical Association as acceptable facilities for training in plastic surgery.

It should be kept in mind by all that the primary interest of the board is to encourage well-rounded training in plastic surgery with the aim of producing plastic surgeons capable of doing good work in the wide variety of cases which may come under their care. The standards set up by the board both for preliminary general surgery and for specialized plastic surgery training, are established in an effort to further this aim. The quality of the training received should be reflected in the candidate's ability to achieve good results in his practice, and the examinations of the board are an attempt to judge the ability of the candidate in the specialty of plastic surgery.

Before training in plastic surgery is begun, the plastic surgeon in charge of the residency or preceptorship should ascertain that the trainee's preliminary training in general surgery meets the requirements of the board, that is, two years of residency training in general surgery after the internship year.

The training in plastic and maxillofacial surgery (at least two years) whether in a residency or a preceptorship, should cover a wide field of plastic surgery, both as to type and anatomic distribution. It should include experience in the treatment of congenital and acquired defects and deformities of the face, neck, body, and extremities, for both functional and esthetic reasons. There should be available sufficient material of a diversified nature so that the trainee will be able to pass the examinations of the board after the period of training and the two additional years of private practice. If the available material on one service is inadequate, the deficiency should be made up by affiliation with another plastic surgeon on another service so that a broad experience will be obtained in plastic surgery. The trainee should be provided an opportunity to operate under the direct supervision of the plastic surgeon in charge, and with increasing ability, should be given an opportunity to operate independently on suitable cases under more remote supervision.

MILITARY CREDIT

Credit for military service is given on an individual basis, each case being considered on its own merits, and the amount of credit allowed is determined by the board when the information is submitted with the application.

The Medical Officer's Professional Training Record (DD Form 408) is a record maintained by individual Medical Corps officers for presentation to the various authorized accrediting boards toward certification. This record is presented by the officer to the boards for evaluation of the military experience acquired by Medical Corps officers while serving in the Army Medical Service. This form has been prepared by the surgeons general of the armed services with the assistance of the Council on Medical Education and Hospitals of the American Medical Association and is distributed by the offices of the Surgeons General to their personnel. It is highly important that prospective applicants obtain a copy of this form and that it be submitted with their credentials for evaluation by the board.

CASE REPORTS

Upon approval by the board of a candidate's application for certification, each candidate is required to submit to the board 35 or more case reports illustrative of his independent work in the field of general plastic surgery.

Candidates are admitted to examination only after submitting case reports that meet the required standards of the board and that have been approved by the committee on credentials and requirements.

Case reports must be submitted within one year from the time of such request; otherwise a new application must be filed. The case reports shall conform to conditions which the board may from time to time specify.

Case reports must be received in the office of the board by January 1 for those who desire to be considered for the spring (May-June) examinations of the board and by July 1 for the fall (October-November) examinations. There will be no exceptions to these two deadlines.

The 35 case reports must be of a diversified nature and must be submitted to the office of the board together with before and after photographs. They should be of the following distribution:

1. Cleft lip: 1 to 3 cases
2. Cleft palate: 1 to 3 cases
3. Traumatic defects requiring reconstructive surgery:
   (a) Face and neck: 2 to 4 cases
   (b) Body: 1 to 4 cases
   (c) Extremities: 1 to 6 cases
4. Acute burns: 2 to 4 cases
5. Fracture of facial bones, excepting nasal fractures: 1 to 3 cases
6. Esthetic operations of sufficient variety: 6 to 12 cases
7. Plastic surgery of the hand: 2 to 4 cases
8. Malignancies, or conditions prone to malignancies (eradication and repair):
   (a) Face: 2 to 4 cases
   (b) Body: 1 to 3 cases
   (c) Extremities: 2 to 4 cases
9. Congenital anomalies: 1 to 6 cases
   (a) Examples:
   (1) Syndactylism
   (2) Congenital absence (partial or total) of external ear
   (3) Hypospadias
   (4) Bands (constricting)
   (5) Thyroglossal duct cyst
   (6) Extensive nevi, etc.

If the case reports and lists of operations are approved, the candidate will receive subsequent information regarding taking the examinations. The board at its discretion may request certification of case reports by the hospital where the operations were performed. The following form should accompany the case reports: "I hereby certify that the planning and essential surgical procedures described herein were carried out by me as an independent operator."

Every candidate's final acceptability for examination is based not only on the evaluation of his training qualifications but on his professional ability as a plastic surgeon, his ethical standing in the community, and the strict limitation of his work to plastic surgery.

A candidate should remember that these case reports are documentary evidence of his ability and that the material in them and the manner of presentation are important evidences of his ability.

EXAMINATIONS

In instances where a candidate submits case reports that do not meet the standards of the board, he will be required to submit additional case reports or an entirely new set of 35 within a period of one year. If this second series of new case reports again do not meet the standards of the board, the candidate may be required to take additional training (of length and type specified by the board) before he will be allowed to submit any further case reports.

After a candidate has been notified that he has fulfilled the preliminary requirements and that his case reports have been approved, he will be required to take the qualifying examination within a period of three years.

After approval of the case reports, and prior to the examination, the candidate will be visited at his place of practice by a member or members of the board to observe him operate and to examine a number of his preoperative and postoperative cases.

The qualifying examinations are given twice yearly, in the spring and fall. The spring examination is given immediately preceding, during, or following the annual meeting of the American Association of Plastic Surgeons (usually in May), and the fall examination is given immediately preceding, during, or following the annual meeting of the American Society of Plastic and Reconstructive Surgery (usually in October). Candidates are required to go to the designated center for the qualifying examination, which will last three days. These centers will be the city in which the meetings of these two organizations are held if the proper clinic and hospital facilities are available, otherwise in some nearby city where such material is available. Arrangements for all examinations are made by the examination committee.

A written examination will consume all of the first day and half of the second day. An oral and practical examination will consume the afternoon of the second day and all of the third day. The subjects of the written examination are (1) theory and practice of plastic surgery, (2) applied anatomy, applied physiology, (3) pathology, bacteriology, clinical laboratory methods (pharmacology), (4) reaction of tissue to injury, surgical accidents, anesthesia. A general oral examination pertaining to plastic surgery will be given. In the practical part of the examination, the examiner will present a group of patients for examination by the candidates, and the candidates will be quizzed on methods of procedure-diagnosis, treatment, technique, and so on. Slides of preoperative conditions will be shown on a screen and the candidate asked to make a quick diagnosis of the items and to tabulate in the order of their importance the methods of treatment. Microscopic slides of the average pathological tissue falling within the province of the plastic surgeon will be given the candidates, and they will be asked to write a description and diagnosis.

GRADES

To be considered as passing, the candidate will be required to receive a grade of at least 65% in each portion of the written examination and an average grade of 75% on the entire written and oral examination.

CERTIFICATION

After a candidate has met the requirements for eligibility and passed the examinations of the board, a certificate attesting his qualifications in plastic surgery will be issued to him by the board, signed by its officers and having the seal of the board affixed thereto. It shall be the prerogative of the board to determine the fitness professionally and ethically of any candidate for its certificate, and the action or decision of the board regarding the certification of any candidate shall be final.

FEES

The fee for application and examination is $150. Of this sum, $25 must accompany the application, and the remaining $125 must be paid when the candidate is notified of acceptance for examination. There will be no refunds. This fee may be increased at the discretion of the board. The board is a nonprofit organization, and the fees of candidates are used solely for defraying the actual expenses of the board. The members of the board serve without remuneration. Because of the limited number of surgeons certified by this board it is necessary for a limited time to request a voluntary annual contribution of $10 from diplomates after the first year's certification to help defray expenses.

THE AMERICAN BOARD OF PREVENTIVE MEDICINE, INC.

ERNEST L. STEBBINS, Chairman, Baltimore
V. A. VAN VOLKENBURGH, Vice-chairman for Public Health, Albany, N. Y.
OTIS O. BENSON JR., Vice-chairman for Aviation Medicine, Randolph Air Force Base, Tex.
ROBERT A. KEHOE, Vice-chairman for Occupational Medicine, Cincinnati
GAYLORD W. ANDERSON, Minneapolis
J. H. BAILLIE, Toronto
LEROY E. BURNEY, Washington, D. C.
ORAN W. CHENAULT, Washington, D. C.
JAN H. TILLISCH, Rochester, Minn.
A. G. KAMMER, Pittsburgh
JAMES H. STERNER, Rochester, N. Y.
TOM F. WHAYNE, Secretary-Treasurer, 615 N. Wolfe St., Baltimore 5, Md.

ELIGIBILITY REQUIREMENTS FOR EXAMINATION

Each applicant for a Certificate in Public Health, Aviation Medicine, or Occupational Medicine is required to meet certain eligibility requirements and to pass an examination. Such eligibility requirements are set forth in the by-laws of the Board. For the information of applicants such requirements are briefly outlined below; but for a full statement thereof reference must be made to the by-laws, as from time to time in force, by which alone such requirements are governed:

GENERAL REQUIREMENTS

1. Good moral character and high ethical and professional standing;
2. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education and Hospitals of the American Medical Association, or from a foreign school satisfactory to the Board;
3. A hospital internship of at least one year approved by the Council on Medical Education and Hospitals of the American Medical Association, or a foreign hospital internship satisfactory to the Board; and
4. Authority to practice medicine in a State, territory, commonwealth or possession of the United States or in a Province of Canada.

SPECIAL REQUIREMENTS IN PUBLIC HEALTH

1. Successful completion (after internship) of at least one academic year of graduate study leading to the degree of Master of Public Health or an equivalent degree or diploma in a school of public health accredited for the purpose of such graduate study by the American Public Health Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;

2. Residency (after internship) of at least two years of field experience in general public health practice, which included planned instruction, observation, and active participation in a comprehensive, organized, public health program approved* by the Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and Hospitals and the Board; or an equivalent Canadian residency approved by the Board; one year of such period in both instances may be an approved clinical residency in a field directly related to public health;

3. A period (after internship) of not less than three years, in addition to 1 and 2 above, of special training in or teaching or practice of public health;

4. Three years of the experience outlined in 2 and 3 above must have been obtained within the five-year period immediately prior to application for certification; and

5. Limitation of practice to full-time teaching or practice of public health as a specialty.

SPECIAL REQUIREMENTS IN AVIATION MEDICINE

1. Successful completion (after internship) of at least two academic years of graduate study in preventive medicine and aviation medicine, one year of which graduate study shall be in a school of public health accredited for the purpose of such graduate study by the American Public Health Association and one year of which shall be in a school of aviation medicine accredited for the purpose of such graduate study by the Council on Medical Education and Hospitals of the American Medical Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;

2. Residency (after internship) of at least one year of supervised experience in aviation medical practice, which included planned instruction, observation, and active participation in a comprehensive, organized program of aviation medicine;

3. Supervised practice of aviation medicine (after internship) of not less than one year, in addition to 1 and 2 above, of special training in or teaching or practice of aviation medicine;

4. A period (after internship) of not less than two years, in addition to 1, 2, and 3 above, of special training in or teaching, research, or practice of aviation medicine;

5. Three years of the experience outlined in 2, 3, and 4 above, must have been obtained within the five-year period immediately prior to application for certification; and

6. Limitation of practice to full-time teaching, research, or practice of aviation medicine.

SPECIAL REQUIREMENTS IN OCCUPATIONAL MEDICINE

1. Successful completion (after internship) of at least two academic years of graduate study in preventive and occupational medicine in a school of medicine, a university graduate school, a school of public health, or a combination of these schools, all of which must be accredited for such graduate study by the Council on Medical Education and Hospitals of the American Medical Association; or training or study deemed by the Board to be substantially equivalent to such graduate study.

2. Completion (after internship) of not less than one year, in addition to 1 above, of supervised experience in occupational medical practice in an industrial or medical organization, which shall have provided planned instruction, observation and active participation in a comprehensive program of occupational medicine; or a period of experience deemed by the Board to be substantially equivalent to such year of supervised experience;

3. A period (after internship) of not less than three years, in addition to 1 and 2 above, of special training in or teaching or practice of occupational medicine;

4. Three years of the experience outlined in 2 and 3 above must have been obtained within the five-year period immediately prior to application for certification; and

5. Limitation of practice to full-time teaching, research or practice of occupational medicine.

APPLICATIONS FOR EXAMINATION AND REEXAMINATION

Each application for examination must be made on the prescribed form (which may be obtained from the Secretary of the American Board of Preventive Medicine), and must be filed with the Secretary, ordinarily not less than 90 days prior to the date of examination. It must be accompanied by the required documentation, application fee, and two recent, clear, unmounted, autographed photographs of the applicant, one of which should be attached to the application and the other unattached.

No member of the Board is authorized to give an opinion as to the eligibility of candidates. The determination of eligibility will be made only by the Board, after receiving full application information. Each candidate must comply with Board regulations in effect at the time the examination is taken and also those in effect at the time the certificate (if any) is issued, regardless of when his original application was filed.

An applicant declared ineligible for admission to examination may refile or reopen his application on the basis of new or additional information within two years of the filing date of his original application, without payment of an additional application fee.

An applicant declared eligible for admission to examination but who fails to submit to examination within three years of the date of the filing of his application is required to file a new application and to pay a new application fee.

Candidates failing the examination may, upon timely application and payment of appropriate fee, be admitted to reexamination within a specified period.

Candidates failing three examinations will not be admitted to subsequent examinations unless the Board so directs.

MULTIPLE CERTIFICATION

A person who has been certified in one affiliated specialty may apply for certification in another affiliated specialty; however, the applicant must meet in full the special requirements for each of the affiliated specialties in which he desires to be examined.

In determining whether the applicant meets such requirements, no period of training or experience, other than graduate study, will be taken into account if the same period shall have been taken into account in determining his eligibility for another affiliated specialty.

FEES

(Applies to candidates making application subsequent to June 30, 1959, and, in the case of examination fees, to examinations taken subsequent to that date.)

The application fee is $25. It must be submitted with application and is not refundable.

The examination fee is $100. It is payable when applicant is notified of acceptance for examination; if paid prior thereto, it is not refundable after such notification has been given.

No additional fee is payable for the issuance of a certificate.

Re-examination fees are: each part taken, $25; examination fees, additional affiliated specialty, each $50.

*Applies to residencies undertaken on and after July 1, 1959.

EXAMINATIONS

Examinations will be held from time to time and in various places depending upon need as indicated by applications received. Examinations in some instances will be held in connection with the annual meetings of the nominating organizations and also may be held at other times and at other places so located geographically as to minimize travel for the applicants.

The written examination consists of two parts:

Part one is a comprehensive written examination designed to test the knowledge of the applicant in the basic principles of preventive medicine. Part two is a comprehensive written examination designed to test the knowledge of the applicant in the special field in which he requests certification.

An oral or practical examination is also required, which usually will be held at the completion of the written examination. An endeavor will be made to adapt the details of the oral or practical examination to each candidate's experience and practice.

Candidates for certification in a second or third affiliated specialty will be required to pass only that portion of the written examination relating specifically to such field.

The examiners will report upon each candidate to the assembled Board, by which the result of the examination will be considered.

AMERICAN BOARD OF PROCTOLOGY

H. R. Reichman, President, Salt Lake City

A. W. Martin Marino, President Elect, Brooklyn, N. Y.

Robert J. Rowe, Vice President, Dallas, Texas

Harry E. Bacon, Philadelphia

Frederick B. Campbell, Kansas City, Mo.

Walter A. Fansler, Minneapolis

Clifford E. Hardwick, Portland, Ore.

M. O. Hines, New Orleans

R. A. Scarborough, San Francisco

Stuart T. Ross, Secretary, 520 Franklin Avenue, Garden City, N. Y.

QUALIFICATIONS AND REQUIREMENTS

General

All candidates shall comply with the following regulations:

1. A candidate shall possess moral, ethical, and professional qualifications acceptable to the Board.

2. He shall possess full citizenship in the country in which he practices.

3. He shall limit his practice to proctology, shall appear personally before the Board, and shall submit to the required examinations.

4. He shall deliver to the Board upon request an official record of patients hospitalized by him during the year prior to the date of submission of the application.

5. He shall submit a bibliography of papers and books published by him.

PROFESSIONAL QUALIFICATIONS

1. He shall be a graduate of a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association.

2. He shall possess a license to practice medicine in the country of his residence.

3. He shall have completed an internship, preferably of the general rotating type, of not less than 12 months in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association.

SPECIAL PROFESSIONAL QUALIFICATIONS

1. He shall have completed a minimum of three years of an approved general surgical residency and one of the following:

a. Two years of a proctologic residency approved by the Board; or

b. Two years of a proctologic preceptorship approved by the Board.

2. Applicants who present evidence of exceptional training and experience in colonic and rectal surgery during their three years of training in general surgery may, upon special application and approval by the Board, be accepted for examination following one year of approved training in Proctology.

APPLICATIONS

Each candidate for examination shall submit an application prepared upon the prescribed form which may be obtained from the Secretary of the Board. It shall contain a record of the candidate's premedical and medical training, internships, residencies, preceptorships, other postgraduate study, hospital and dispensary appointments, teaching positions, service in the armed forces, service in federal, state or local government, membership in medical societies, and any additional information considered valuable by the Board.

The application shall be signed by two proctologists. It shall be accompanied by two unmounted autographed recent photographs of the candidate, letters of endorsement from appropriate sources and the application fee. It shall be filed with the Secretary not less than 90 days prior to the date of examination.

EXAMINATIONS

Examinations are conducted at times and places determined by the Board and are announced in The Journal of the American Medical Association.

Seventy-five per cent is the passing grade on all examinations.

Examination papers are identified only by numbers and the examiners do not know the identity of the examinees.

Part 1: This consists of a comprehensive written examination in the basic sciences, including anatomy, physiology, pathology, bacteriology, and biochemistry. The examination is held in the fall of the simultaneously in several cities of the United States.

Upon approval of the American Board of Proctology, candidates who have passed part 1 examinations of the American Board of Surgery and who have completed required training in proctology may not be required to take part 1 of the examinations of the American Board of Proctology.

Part 2: This is a practical examination which is held in the community in which the candidate conducts his professional activities. (It may be omitted at the discretion of the Board, in which case the candidate will be notified by the Secretary.) It is endeavored to arrange the examination at a time suitable to both the candidate and the examiner. The examination includes inspection of:

1. Surgical operations.
2. Hospital rounds.
3. Hospital and office records.
4. Office practice.

Part 3: This consists of comprehensive written and oral examinations on the theory and practice of proctology and includes roentgenologic interpretation. The examination is usually held in the fall of the year in one designated city of the United States. The candidate is not admitted to part 3 examinations until he has completed the requirements of part 2.

The oral portion of the examination is conducted by members of the Board or its designated examiners. An attempt is made to ascertain the candidate's knowledge of current proctologic literature, his knowledge of the basic sciences, and the extent of his clinical experience and other qualifications.

FEES

Application fee: A fee of $25.00 shall accompany the application.

Examination fee: A fee of $150.00 is due and payable when the candidate is notified that he has been approved for examination.

No fee shall be returned to the candidate without Board approval.

All fees shall be made payable to the American Board of Proctology and shall be sent to the secretary.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

RUSSELL N. DEJONG, President, Ann Arbor, Mich.
PAUL I. YAKOVLEV, Vice-president, Boston, Mass.
HARVEY BARTLE JR., Philadelphia
C. H. HARDIN BRANCH, Salt Lake City
HENRY W. BROSIN, Pittsburgh
HUGH T. CARMICHAEL, Chicago
L. M. EATON, Rochester, Minn.
KNOX H. FINLEY, San Francisco
FRANCIS M. FORSTER, Washington, D. C.
FRANCIS J. GERTY, Chicago
WILLIAM MALAMUD, Boston
DAVID A. BOYD JR., Secretary-Treasurer, 102 Second Ave., S. W., Rochester, Minn.

APPLICATION FOR CERTIFICATION

An application, in order to be considered at any meeting of the Board, must be in the hands of the Secretary of the Board not less than 90 days before the date of such meeting. A proper application form may be obtained from the Secretary. Application may be made for certification in psychiatry or in neurology or in both fields. Applications will be formally considered only when made on the official application blank in such form as may be adopted from time to time by the Board and when accompanied by an application fee in such amount as may be fixed by the Board.

The Secretary of the Board, upon receipt of an application, shall forthwith make inquiries from those to whom the candidate refers and from such other persons as the Secretary may deem desirable and shall verify the candidate's record from the biographical records of the American Medical Association, after which he shall forward the application to the Committee on Credentials. This Committee shall consider the application and other information available and notify the Secretary whether the application is accepted. The certification of a candidate in either psychiatry or neurology, or both, shall be approved by a majority of the members of the entire Board at any meeting held for such certification.

FORM OF CERTIFICATION

There shall be separate certification in psychiatry and in neurology and two certifications or a combined certification for those qualified in both fields. The certification shall be in such form as is approved by the Board of Directors.

General Requirements for Applicants. Each application for a certificate must establish that:

(a) He is a physician duly licensed by law to practice medicine.

(b) He is of acceptable ethical and professional standing.

(c) He is now a member of the American Medical Association. Exceptions to the foregoing may be made at the discretion of the Board for good and sufficient reasons.

(d) He has satisfactorily completed adequate training in psychiatry or neurology, or both, as a specialty.

CLASSES OF APPLICANTS

Class A

Applicants who graduated from an approved medical school before the foundation of the Board (1934) will not be held to the strict interpretation of the published requirements in formal graduate training. Under such circumstances the Board will consider the training and experience of the applicant and decide whether or not he will be admitted to the examinations. For such graduates the Board will consider 10 years of full-time acceptable experience in psychiatry or neurology in lieu of the formal training requirements. Should the candidate then apply for supplementary certification, the Credentials Committee will require five years of additional acceptable experience in the supplementary field.

Class B

Applicants who graduated from an approved medical school after 1934 shall fulfill the following special requirements.

PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education and Hospitals of the American Medical Association. In the case of an applicant whose medical training has been received outside the United States and Canada, such training must be satisfactory to the aforementioned Council.

2. Satisfactory completion of a year's internship approved by the same Council on general medicine, general surgery, pediatrics, or a rotating service.

3. The nine-month wartime internships will be accepted as an equivalent of one year.

SPECIALIZED TRAINING

Admission to the examination for certification in psychiatry or in neurology requires a total of five calendar years of training and experience, three years of which must be specialized training satisfactorily completed in approved training centers, plus two years of experience.

Admission to the examination for certification in both psychiatry and neurology requires a total of six calendar years of training and experience, five years of which must be specialized training satisfactorily completed in approved training centers, plus one year of experience. The specialized training may be subdivided into two and one-half years each in psychiatry and neurology or three years in one subject and two years in the other. The required years of experience should be spent in clinical practice with major responsibility for the care of patients.

All applicants who wish to qualify for examination for certification in psychiatry or neurology under the regulations relating to training credit and who began training on or after July 1, 1956, must show that at least 24 months of their residency training have been secured in residency training programs approved for at least two years of residency training in the specialty in which they seek certification.

The training for psychiatrists should include clinical work with psychoneurotic and psychotic patients, combined with the study of basic psychiatric sciences, medical and social psychology, psychopathology, psychotherapy, and the physiological therapies, including a basic knowledge of the form, function, and pertinent pathology of the nervous system. The training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training period should include instruction in the psychiatric aspects of general medical and surgical conditions and the behavior disorders of children and adolescents sufficient to develop practical ability to direct the treatment of such conditions. It should also include collaborative work with social workers, clinical psychologists, courts, and other social agencies. The training program of the candidate for certification in psychiatry should include sufficient training in neurology to enable him to recognize and to evaluate the evidences of organic neurological disease.

The training for neurologists should be based on clinical work with adults and children with neurological disorders, including the neurological complications of medical and surgical conditions. This should be combined with study of the basic neurological sciences, neuroanatomy, neurophysiology, neuropathology, and neuroroentgenology. This training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training should include sufficient training in psychiatry to enable the candidate to recognize and evaluate the common psychiatric reactions.

The Board offers the foregoing two paragraphs as an outline of desirable training. If, however, the candidate has evidence of equivalent qualifications of training and experience not in the pattern here formulated, this evidence with appropriate documentary support may be included in his application for evaluation and possible approval by the Board.

Candidates seeking certification in both neurology and psychiatry, or supplementary certification in one after being certified in the other, must submit evidence satisfactory to the Board of an additional two years of full-time basic training in the supplementary specialty.

Thus, no candidate is eligible for examination by the Board until he has completed at least five years of special training and experience in neurology or in psychiatry for a single certificate, or at least six years of special training and experience in neurology and psychiatry for certification in both neurology and psychiatry.

The Board will give not more than six months of credit for not less than six months of training in an approved training center for Internal Medicine or Pediatrics in lieu of six months of experience to candidates for the certificate in psychiatry or neurology but not to candidates for certification in both psychiatry and neurology.

The Board will give credit for one year of training in Child Psychiatry providing it is the third year of the required three years of special training required by the Board and providing it is taken in a center approved by this Board for training in child psychiatry. After July 1, 1956, training credit for work in the field of child psychiatry may be gained only by participation in a hospital residency training program that is regularly approved. After that date, all independent training approval of psychiatric clinics for children is discontinued.

The lists of training programs approved by this Board and by the Council on Medical Education and Hospitals of the American Medical Association may be found in the current issues of the Educational Number of the Journal of the American Medical Association.

TRAINING IN THE ARMED FORCES

Training and experience credit toward requirements for examination will be granted for military duty in the Korean emergency under certain conditions. This policy relates to active military medic duty since July 1, 1950. One year of training credit will be granted for one year spent in full-time psychiatric and/or neurologic duties. Additional training credit will be granted for that amount of time spent in approved training programs. Experience credit will be granted for any remaining time spent in full-time psychiatric and/or neurologic assignments. Double credit will not be granted for any single period of time.

For military duty after January 1, 1954, only experience credit will be granted for full-time psychiatric and/or neurologic duties. Training credit will be granted for residency assignments in regularly approved training programs.

Training credit for full-time psychiatric and/or neurologic assignments in unapproved military programs or services between the dates of January 1, 1950 and January 1, 1954, will be terminated as of January 1, 1959.

EXAMINATIONS

Dates and places of examinations shall be set by the Board at its discretion and shall be announced in THE JOURNAL of the American Medical Association, in the *American Journal of Psychiatry*, in the *Journal of Nervous and Mental Diseases*, and in the *Archives of Neurology and Psychiatry*.

Though the purpose of the examination is to test the competence of the candidate in psychiatry or neurology or both, it must not be forgotten that both these medical disciplines constitute part of the broad field of general medicine. The Board requires some proficiency in neurology on the part of those it certifies in psychiatry, and vice versa, but it examines the candidate in accordance with the certificate he seeks. The examinations will be of such type that no adequately trained person will fail, and yet they will be sufficiently searching so that the specialist in fact may be separated from the specialist in name. The practical examination will include the examination of patients under the supervision of the examiner. The manner of examining patients, and the reasoning and deductions therefrom, will constitute an important part of the examination. Oral and practical examinations will be given in the basic sciences with special regard to their clinical implications. Written examinations may be given at the discretion of the Board. The examination for certification in psychiatry will differ from the examination for certification in neurology.

PAYMENT OF FEES

The candidate, upon filing his application, shall accompany it with an application fee of $50.00, which is not returnable. If a preliminary written examination has been decreed, an additional $25.00 fee will be required at the time of the applicant's acceptance. When notified by the Secretary that he is accepted for the oral and practical examination, the candidate shall send to the Secretary an examination fee of $75.00. A candidate who has been certified in either psychiatry or neurology and who has been admitted to supplementary examination for the other certificate shall pay an additional examination fee of $75.00.

A candidate who has failed in one examination is eligible for reexamination within one year upon payment of a reexamination fee of $75.00. After the year has elapsed, he must submit a new application and pay new application and examination fees. If he fails the reexamination, he may, after two years have elapsed, submit a new application and $50.00, present evidence of further training, and pay an examination fee of $75.00.

A candidate who fails in one or two subjects is eligible for reexamination in those subjects within one year upon payment of a reexamination fee of $50.00. After the year has elapsed he must submit a new application and pay new application and examination fees and repeat the entire examination. If he fails the reexamination, he may apply again for the complete examination after two years upon submission of evidence of further training and upon payment of an application fee of $50.00. If admitted to the examination, he must pay a new examination fee of $75.00.

Any candidate who finds himself unable to attend an examination to which he has been admitted and does not notify the Secretary at least three months before the date of the examination will forfeit his examination fee. Any candidate who fails to appear for examination within a period of three years following the date of notification of eligibility for examination shall be required to submit a new application and pay the attendant fee. If a candidate dies before his certificate is issued, all fees will be returned to his estate.

Beginning January 1, 1958, all unused examination fees or portions of examination fees on deposit in the Board Office will be forfeited by the candidate to the Board when the application lapses by going out of date. Further, all unused examination fees, or partial, unused examination fees, deposited before the date of January 1, 1952, will automatically be forfeited by the candidate to the Board on January 1, 1958.

AMERICAN BOARD OF RADIOLOGY

Bernard P. Widmann, President, Philadelphia, Pa.
Laurence L. Robbins, Vice-President, Boston, Mass.
James W. J. Carpender, Treasurer, Chicago
Robert Barden, Philadelphia, Pa.
John D. Camp, Los Angeles
Donald S. Childs, Syracuse, N. Y.
C. Allen Good, Rochester, Minn.
E. L. Jenkinson, Chicago
Traian Leucutia, Detroit
Lester Paul, Madison, Wis.
F. W. O'Brien, Boston
Douglas Quick, New York
Leo G. Rigler, Los Angeles
Ernest H. Wood, Chapel Hill, N. C.
H. Dabney Kerr, Secretary, Kahler Hotel Bldg., Rochester, Minn.

CERTIFICATES

A certificate granted by this board does not of itself confer, or purport to confer, any degree, or legal qualifications, privileges, or license to practice radiology. Certificates of the board shall be issued in one of three categories:

1. *Radiology:* that branch of medicine which deals with the diagnostic and therapeutic application of radiant energy including roentgen rays, radium and radioisotopes.

2. *Diagnostic Roentgenology:* that branch of radiology which deals with the diagnostic application of roentgen rays.

3. *Therapeutic Radiology:* that branch of radiology which deals with the therapeutic application of roentgen rays, radium and radioactive isotopes.

4. *Radiological Physics:* that branch of physics which deals with the medical application of roentgen rays, gamma rays, radioisotopes, nuclear reactions, and particle accelerators.

5. *Roentgen-ray and Gamma-ray Physics:* that branch of radiological physics which deals with roentgen rays and gamma rays.

6. *Medical Nuclear Physics:* that branch of radiological physics which deals with radioisotopes, nuclear reactions and particle accelerators.

GENERAL REQUIREMENTS AND QUALIFICATIONS

Each applicant shall be required to present evidence that he has met the following standards:

1. Satisfactory moral and ethical standing in the profession.

2. A license to practice medicine in the state or county in which he resides.

3. Holds himself out to be a specialist in radiology or one of its branches as defined and devoted his time to the practice of radiology or one of its branches.

4. He is a citizen of the United States or Canada. A candidate from another country must be a permanent resident of that country and a citizen thereof.

PROFESSIONAL EDUCATION

1. Graduation from a medical school recognized by the Council on Medical Education and Hospitals of the American Medical Association.

2. Completion of an internship of not less than one year in a hospital approved by the same Council. After completion of the internship, there shall be a period of special training (length of time as indicated below) in an approved department of radiology.

Radiology: Those beginning their training before July 1, 1956, must have three years formal residency training in an approved department of radiology.

Those beginning their training on July 1, 1956, or thereafter must have three years formal residency training in an approved department of radiology plus an additional year of either further training or practice. The three-year training period must include the equivalent of six months (total) in pathology and isotopes.

Diagnostic Roentgenology: Those beginning their training before July 1, 1956, must have two and one-half years formal residency training in an approved department of radiology. The equivalent of six months of this time must have been devoted to Pathology.

Those beginning their training on July 1, 1956, must have two and one-half years formal residency training in an approved department of radiology (the equivalent of six months of which time must have been devoted to pathology) plus an additional year of either further training or practice.

Those beginning their training on July 1, 1957, or thereafter will be required to take three years formal residency training in an approved department of radiology—the first year of which must be spent in basic training (pathology, physics, and basic radiological techniques) followed by two years clinical training.

Therapeutic Radiology: Those beginning their training before July 1, 1956, must have two and one-half years formal residency training in an approved department of radiology. The equivalent of six months of this time must have been devoted to Pathology.

Those beginning their training on July 1, 1956, must have two and one-half years formal residency training in an approved department of radiology (the equivalent of six months of which time must have been devoted to pathology) plus an additional year of either further training or practice.

Those beginning their training on July 1, 1957 or thereafter will be required to take three years formal residency training in an approved department of radiology—the first year of which must be spent in basic training (pathology, physics, physics of isotopes, and basic radiologic techniques) followed by two years clinical training. They will also be required to take an additional year of either further training or practice.

Those applying for therapeutic radiology alone must show evidence of personal experience in the use of intracavitary and interstitial radium or equivalent sources, as well as proficiency in roentgen therapy.

Prior to July 1, 1960, those candidates desiring to be certified in either radiology or therapeutic radiology will be urged to take an examination in nuclear medicine.

Those candidates previously certified in roentgenology desiring to complete their certificates in radiology (including nuclear medicine) will be required to have the equivalent of six months full-time radium and isotope training in an approved department of radiology.

Prior to July 1, 1960, those candidates who have been previously certified in roentgenology and who do not desire to be examined in nuclear medicine must have the equivalent of three months full time radium training in an approved department of radiology.

EXAMINATIONS

Usually two examinations are held each year. At present, examinations are practical and oral. The examinations are designed to test the candidate's fitness to practice radiology or one of its branches as a specialty.

The examination consists of tests in film interpretation and an oral examination in pathology, physiology, radiophysics, and radiobiology, as well as the clinical application of roentgen rays, radium, and radioactive isotopes. The applicant is also examined in "professional adaptability," in an attempt to ascertain his attitude toward his fellow practitioners and his patients.

AMERICAN BOARD OF SURGERY

FRANK GLENN, Chairman, New York
WILLIAM A. ALTEMEIER, Vice-chairman, Cincinnati
CLETUS W. SCHWEGMAN, Associate Secretary, Philadelphia
JOHN J. MCKEOWN JR., Assistant Secretary, Philadelphia
FRANK F. ALLBRITTEN JR., Kansas City, Kan.
J. GARROTT ALLEN, Chicago
JOEL W. BAKER, Seattle
HOWARD H. BRADSHAW, Winston-Salem, N. C.
OLIVER COPE, Boston
MICHAEL E. DE BAKEY, Houston, Texas
J. ENGLEBERT DUNPHY, Boston
WILLIAM P. LONGMIRE JR., Los Angeles
CARLETON MATHEWSON JR., San Francisco
K. ALVIN MERENDINO, Seattle
H. WILLIAM SCOTT JR., Nashville, Tenn.
HARRIS B. SHUMACKER JR., Indianapolis,
WILLIAM H. SNYDER JR., Los Angeles
HENRY SWAN, Denver
ROBERT M. ZOLLINGER, Columbus, Ohio
JOHN B. FLICK, Secretary-Treasurer, 1617 Pennsylvania Blvd., Philadelphia 3.

GENERAL QUALIFICATIONS

An ethical standing in the profession and a moral status in the community which are satisfactory to the Board.

Engagement in the practice of surgery.

PRELIMINARY TRAINING

Graduation from an approved medical school in the United States or Canada or from medical schools acceptable to the Board in other countries.

Completion of an internship (straight or rotating) of not less than one year in a hospital approved by the Council on Medical Education and Hospitals of the A. M. A. or its equivalent in the opinion of the Board.

SPECIAL TRAINING

The American Board of Surgery is guided by the evaluation of residency training programs made by the Conference Committee on Graduate Training in Surgery and does not itself conduct such surveys.

The Board interprets the term general surgery in a comprehensive manner and expects candidates to have knowledge of the basic principles applied in the treatment of fractures, head injuries, or other forms of trauma, and of the more common procedures in plastic, gynecologic, orthopedic, neurologic, thoracic, and urologic surgery.

Basic Sciences

It is fundamental to the concept of an approved residency in general surgery that the program provide for properly organized, integrated, and progressively graded clinical training in this specialty. This presupposes a continuity of clinical experience under the supervision of the surgical staff of the hospital or hospitals in which such training is conducted. Accordingly, while recognizing the value of formal courses in the study of surgery and the basic sciences at approved graduate schools of medicine, the Board will not accept these courses as part of a three or four-year residency program in lieu of clinical experience. Furthermore, the integration of basic sciences, particularly pathology, with clinical training is considered superior to formal courses in these subjects.

Senior Year

The most important single factor in the development of a surgeon is the opportunity under guidance and supervision to grow by progressive and succeeding stages to the stature of complete responsibility for the surgical care of patients. Major operative experience and senior responsibility are an essential part of surgical education and training. For this reason the Board cannot accept for examination candidates who have not had such experience in general surgery, regardless of the number of years in training.

Since a majority of residency training programs do not provide a sufficient accretion of operative experience and personal responsibility until the completion of the senior or final year, the Board requires that the candidate have had this senior year in order to become eligible for examination. Because it is recognized that some flexibility and well-considered experimentation are essential to progress in surgical, as well as other forms of education, the Examination Committee of the Board is prepared to give individual consideration to applicants whose training in general appears adequate although it may not meet all of the following specified requirements.

TYPES OF PROGRAMS

The requirements for examination may be fulfilled by either of two programs. These are considered to be minimal in attaining the purposes of the Board and do not preclude additional desirable educational experiences which may strengthen the individual residency training program.

The Board may, at its discretion, require that a member of the Board, or other designated diplomate, observe and report upon the clinical performance of the candidate before considering his eligibility for examination or certification.

The Board reserves the right to require a candidate to submit a list of the operative procedures performed by him during his training period.

Group 1 Program

Completion of a graded residency in general surgery of at least four years duration, including the senior year, in an institution or institutions acceptable to the Board and ap-

proved for four years of training by the Conference Committee on Graduate Training in Surgery is required.

An approved four-year residency may include a research project or an assignment to a basic science department such as pathology, physiology, or anatomy, provided this is an integral part of the program. The program must include at least three years of clinical surgery.

The Board accepts training of not more than one year duration in "affiliate hospitals" as part of its basic formal educational requirements. Such "affiliate hospital" training must have been part of the graded residency program of an institution approved for four years by the Conference Committee. The senior year must have been spent in the parent institution holding the approval of the Conference Committee, except in those instances where the senior year in the "affiliate hospital" is, in the opinion of the Conference Committee, equivalent in training value to the senior year in the parent institution and is under the same supervision.

The candidate who completes only four years of an approved program designed for more than four years, and thus does not have the senior or final year of the residency, may submit his qualifications for special consideration by the Examination Committee. The Committee can recommend acceptance of the candidate for examination in group 1 or group 2, provided the evidence indicates the candidate has had adequate operative experience and clinical responsibility as certified by the Chief of Service.

Residency credit will be granted for surgical internship to a candidate who has completed a prior year of acceptable internship when the surgical internship is part of a graded program approved for four years by the Conference Committee.

Group 2 Program

Completion of a graded residency in general surgery of at least three years duration, including the senior year, in an institution or institutions acceptable to the Board and approved for at least three years of training by the Conference Committee on Graduate Training in Surgery is the basic requirement.

Residency credit will not be granted for separate periods of time devoted exclusively to research or a preclinical discipline although the day to day integration of these disciplines with clinical surgery is highly desirable. The program must have included three years of clinical surgery and the final year must have been spent in the capacity of senior or chief resident in general surgery.

Two additional years of training beyond the three years of residency to complete a total of five are necessary to meet the requirements for examination.

These may include:

(a) Practice of surgery under acceptable supervision (preceptorship). By "acceptable supervision" is meant an arrangement with a preceptor acceptable to the Board who should inform the Board in writing of his willingness to assume responsibility for the candidate's further training. Before the candidate's eligibility for examination can be considered, he will be required to submit to the Board a list of the operative procedures performed by him during the period of supervised practice, and the preceptor will be requested to vouch for the candidate's integrity, surgical judgment, and technical skill. The acceptance of supervised practice in fulfillment of part of the Board's requirements will be contingent upon the candidate's having had adequate clinical opportunities to fortify residency training and considerable responsibility in the care of patients, including the performance of major operative procedures under supervision.

(b) The study of surgery and the basic sciences in an approved graduate school of medicine on a full-time basis and for a consecutive period of not less than nine months, or one school year. Training credit in excess of 12 months will not be granted in this category.

If provision has been made to study a single basic science such as pathology, physiology, or anatomy, up to six months credit may be granted for such study.

Credit may be granted for a maximum of 12 months spent in full-time surgical research under a responsible investigator who is acceptable to the Board. A candidate may not claim credit for both graduate study and research years.

(c) Further acceptable surgical residency or fellowship training, either in general surgery or in a recognized surgical specialty.

N.B.: Credit as outlined above under (a), (b), and (c) will be applicable only toward the two years of training which group 2 candidates must complete in addition to three years of approved residency in general surgery. It will not be considered as basic residency credit.

MILITARY CREDIT

Credit not to exceed one year may be granted to those candidates who have served in military hospitals other than those approved for residency training, provided that the candidate has had a satisfactory surgical assignment with adequate and diversified clinical material and provided further that his work in surgery is carried out under the supervision of a surgeon acceptable to the Board. Any such credit will be considered preceptorship credit toward group 2 requirements and not basic residency credit.

LICENSE TO PRACTICE

The Board requires, prior to issuence of a certificate, that candidates have a valid license to practice medicine except in those situations in the United States or Canada in which a license to practice is not required, such as the practice of surgery by commissioned officers in the Army, Navy, or Public Health Services of these countries.

REQUIREMENTS FOR FOREIGN BORN AND FOREIGN TRAINED CANDIDATES

Such candidates must meet the same requirements as citizens of the United States or Canada. The Examination Committee, however, after individual evaluation, may grant credit for foreign training.

APPLICATIONS

Prospective candidates for examination by the Board should carefully read the Board's requirements as set forth in this Booklet of Information. If, after becoming familiar with the requirements, a candidate needs advice about his training, or believes he has completed the requirements, he should submit a brief chronological outline of his training, including precise dates, using the Evaluation Form which will be furnished on request.

Application for Examination forms are not forwarded until candidates are within several months of completing their training requirements and appear to have met all other requirements of the Board.

Applications should be returned by August 1 if consideration is desired for examination in part 1 in December of the same year. Those desiring such consideration are urged to apply several months before completing their training requirements to enable the Board's office to process as many applications as possible before the August 1 registration deadline.

195
V. 1

Candidates completing their training requirements after September 30 must await consideration for admission to the December part 1 examination one year later.

The Board's acceptance of candidates for examination is based not only upon an evaluation of their training, but also upon information available to the Board concerning their professional ability as surgeons and their ethical standing.

Candidates are notified of their eligibility for the part 1 examination when their applications have been approved, and subsequently are sent a list of examination centers from which to choose. Candidates are not eligible for the part 2 examinations until they have made a passing grade in part 1.

EXAMINATION

The qualifying examination is divided into part 1 (written) and part 2 (oral). In both of these a knowledge of the practical application of the sciences fundamental to surgery is required.

PART 1

The examination is given simultaneously in as many centers throughout the United States as the Board may determine suitable for the purpose and sometimes by special arrangement in certain centers abroad. It is held once annually on the first Wednesday of December.

The part 1 examination is of the objective, multiple-choice type, and is administered during a half-day session. This examination is designed to cover general surgical problems including the application of the sciences basic to surgery. Questions are of various types and are based upon the analysis of case histories, cause and effect relationships, and other pertinent situations. The examinations are composed by members of the Board with the technical assistance of the Educational Testing Service.

PART 2

Examinations usually are held in ten different centers in the United States each year from September to June inclusive. These examinations are conducted by members of the Board and selected diplomates acting as guest examiners.

The part 2 examination is oral and practical and requires the candidate's presence for one day. Candidates are examined in clinical surgery, including diagnosis, management of patients, and the application of anatomy, pathology, physiology, biochemistry, and bacteriology to surgical problems. In pathology, emphasis is placed on an understanding of disease processes and their clinical implications. The identification of gross and microscopic lesions and the interpretation of roentgenograms also may be included.

FEES

The fee for examination is $175.00 payable as follows: $25.00 for registration, $75.00 for part 1 and $75.00 for part 2.

The fee for reexamination in part 1 or in part 2 is $75.00.

The Board is a nonprofit organization. All fees will be used, after a reasonable amount is set aside for necessary expenses, to aid in improving existing opportunities for the training of surgeons. The members of the Board, except the Secretary-Treasurer, serve without remuneration.

CERTIFICATION IN THORACIC SURGERY

Diplomates of the American Board of Surgery wishing to become certified in thoracic surgery are advised to communicate with the Secretary of the Board of Thoracic Surgery, Dr. William M. Tuttle, 1151 Taylor Ave., Detroit 2. This Board is an affiliate of the American Board of Surgery.

BOARD OF THORACIC SURGERY

(An affiliate of the American Board of Surgery)

John C. Jones, Chairman, Los Angeles
O. Theron Clagett, Vice-chairman, Rochester, Minn.
Joseph W. Gale, Madison, Wis.
Edward M. Kent, Pittsburgh
Hiram T. Langston, Chicago
Herbert C. Maier, New York
Paul C. Samson, Oakland, Calif.
Robert R. Shaw, Dallas, Texas
John W. Strieder, Boston
Robert H. Wylie, New York
Wm. M. Tuttle, Secretary and Treasurer, 1151 Taylor Ave., Detroit 2.

REQUIREMENTS FOR EXAMINATION

1. Certification by the American Board of Surgery.
2. Two years training in thoracic surgery approved by the Board of Thoracic Surgery, or meritorious contributions to thoracic surgery. One of these two years may be spent during the four years of training in surgery required by the American Board of Surgery.
3. Written and oral examination.

Definition of what is considered acceptable training in Thoracic Surgery.—To qualify for the examination in thoracic surgery, the candidate shall have had two years of training in an active, well-integrated thoracic surgical clinic or clinics, or the equivalent amount of thoracic surgical training, on a mixed service consisting of thoracic and non-thoracic surgical cases. Adequate training in both the tuberculous and nontuberculous aspects of thoracic surgery is expected. In order to obtain this objective, combined residencies between institutions of different types may be advantageous. It is also required that the candidate be familiar with the basic sciences as related to thoracic surgery. Under exceptional circumstances certain surgeons may, by virtue of recognized proficiency in the surgical treatment of thoracic diseases, qualify for the examination at the discretion of the Board.

APPLICATIONS

Prospective candidates desiring to apply for examination should consider whether they are able to meet the minimum requirements of the Board. They should then submit a letter to the secretary's office, outlining briefly their training and experience in thoracic surgery and ask for an application form. An application form will not be sent unless evidence is submitted in the letter indicating that the prospective applicant appears to meet the minimum requirements.

EXAMINATIONS

The qualifying examinations are divided into two parts. Part 1 is written, and part 2 is an oral examination in clinical surgery, x-ray interpretation, and pathology.

Part 1.—This examination will be given simultaneously at least once a year in as many centers throughout the country as the Board may determine suitable for this purpose.

Part 2.—In order to be eligible for part 2 a candidate must have successfully completed part 1. Examinations in part 2 are conducted in certain centers of the country selected by the Board.

Candidates examined by the American Board of Surgery in part 1 (written examination) on or after October 26, 1955, who are certified by the American Board of Surgery, will be required to take only the oral examination given by the Board of Thoracic Surgery.

Candidates examined by the American Board of Surgery in part 1 prior to October 26, 1955 will be required to take part 1 (written examination) of the Board of Thoracic Surgery before taking its oral examination.

REEXAMINATIONS

Those individuals who fail part 1 or part 2 will be required to wait one year before they can retake the part which they failed. Those who fail twice will be required to wait for a period of two years. Candidates who are unsuccessful at three attempts will be required to wait three years before requesting reconsideration. The Board may at its discretion deny the candidate the privilege of reexamination.

Candidates declared eligible but who fail to exercise the examination privilege within three years of the date of filing the application will be required to file a new and current application and pay a new examination fee. Also a candidate who has failed in an examination (part 1 or part 2) and who does not apply for reexamination within three years shall be required to make a new application and pay a new examination fee.

FEES

For the special examination in thoracic surgery and the issuing of a certificate the fee will be $100.00. Fifteen dollars of this fee is to accompany the application and will be considered as a registration fee. It is nonreturnable to the applicant in case he is disapproved for examination.

The fee for reexamination will be $50.00.

AMERICAN BOARD OF UROLOGY

EDGAR BURNS, President, New Orleans
GRAYSON CARROLL, Vice-president, St. Louis
THOMAS D. MOORE, Memphis, Tenn.
RUBIN H. FLOCKS, Iowa City
DONALD A. CHARNOCK, Los Angeles
WILLIAM P. HERBST, Washington, D. C.
FRANK C. HAMM, Brooklyn, New York
WYLAND F. LEADBETTER, Boston
WILLIAM NILES WISHARD JR., Secretary-Treasurer, 30 Westwood Road, Minneapolis 26.
MRS. RUBY L. GRIGGS, Executive-secretary, 30 Westwood Rd., Minneapolis 26.

REQUIREMENTS

A. Application for certification must be made on a special form. This will be provided by the secretary and must be returned to him accompanied by other required data and credentials and by $50 of the examination fee.

B. The applicant must have graduated from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association and must have completed an internship of not less than one year in a hospital approved by the same council.

Requirements of graduates of foreign medical schools shall conform to and be similar to the requirements as demanded of the applicants for the accepted medical schools in the United States and Canada. Such applications will be considered by the full board on individual merits.

C. The applicant must establish in a manner satisfactory to this Board that he is a physician duly licensed by law to practice medicine and that he is of high ethical and professional standing.

D. The applicant must establish that he has received special graduate training as follows in this order:

1. An approved internship of at least one year.

2. One year in the basic sciences or clinical studies basic to urology, or one year residency in general surgery or internal medicine.

3. An approved graduated three-year residency in urology, leading to competency in all its phases.

E. Applicant must have an additional period of not less than two years in the practice of urology in the city of his office or place of practice.

F. The applicant must assure the Board that he is engaged in the full time practice of urology.

FEE

The examination fee is $150. Fifty dollars must accompany the application. One hundred dollars must be paid when the application has been processed. Neither fee is returnable.

Applications for certification shall be examined by the credentials committee and reviewed by the board. When additional data are required to complete the application, these will be requested by the secretary.

REQUIREMENTS FOR CERTIFICATION

The requirements for certification include evidence of hospital practice including the presentation of report of 25 representative (not necessarily consecutive) major urologic cases from practice, which must contain all items essential for diagnosis, therapy, prognosis, results of treatment, etc; a written examination; and pathology and oral clinical examinations.

A. Evidences of Hospital Practice and Case Reports: An index, in consecutive order, of all major and minor urologic surgery (including endoscopy) done during the last two years of practice must be presented. This index must be verified by the various hospital administrators.

The candidate must present 25 records of major urologic cases completed since the candidate's residency training with hospitals, names, (or initials) and record numbers in which the candidate has had complete charge, responsibility and activity in all phases of the patient's care. These reports must be typewritten on 8½-by-11-in. paper and in duplicate but need not be on any special form. Please file the duplicate in your own office. This second copy will be called for when and if it is needed.

Complete index lists must accompany the reports. If they are obtained from more than one hospital a separate index list of each group should be provided. These lists must state the operator's name at the head of each page, the name (or initials) of the patient, the hospital number, and the name and date of operation. Statements from the administrators of the hospitals attesting that the candidate was the operator must be included.

The applicant must personally prepare the case reports, remembering that they are documentary evidence of his ability and that the material in them and the manner of presentation are important evidences of his competence as an urologist.

The case reports must be received on or before September 1.

B. Written Examination: The written examination is designed to test the candidate's preparation in and his knowledge of the whole field of urology, including the subjects: clinical urology, pathology, anatomy, physiology, embryology, bacteriology, physiological chemistry, and endocrinology. These may be held on certain dates simultaneously in different parts of the country at places convenient for candidates.

C. Pathology: The examination in pathology will consist of the identification of gross specimens and of sections of tissue observed through the microscope. It will be held at the time of the oral examination.

D. Oral-Clinical Examination: This will consist of discussions of urologic problems. The subjects forming the basis of this examination are urography; diseases of the genital organs, including the prostate and each portion of the urinary tract and the adrenals. It will ascertain the candidate's familiarity with recent literature, the breadth of his clinical experience, and his general qualifications for practice of urology.

The professional adaptability of each candidate will be investigated in an attempt to determine his ethical conduct and his attitude toward his patients and fellow practitioners.

THE JOURNAL
OF THE AMERICAN MEDICAL ASSOCIATION
Edited Under the Direction of the Board of Trustees

Editor and Managing Publisher . AUSTIN SMITH, M.D.
Associate Editor . . . . . JOHNSON F. HAMMOND, M.D.
Assistant Editors . . . . . WAYNE G. BRANDSTADT, M.D.
FREDERIC T. JUNG, M.D.
EDWARD R. PINCKNEY, M.D.
Assistant to the Editor . . . . . MILTON GOLIN
Editor for Medical Literature Abstracts . GEORGE HALPERIN, M.D.
News Editor . . . . . CHARLES CHAPMAN

Subscription price . Fifteen dollars per annum in advance
Cable Address . . . . . "Medic, Chicago"

NO SINGLE PANACEA FOR THE INTERNSHIP

GUEST EDITORIAL

Leland S. McKittrick, M.D.

AT THE recent meeting of the House of Delegates in San Francisco several resolutions were introduced which had as their objectives the supplying of certain hospital service functions through the means of interns. One resolution [1] suggested that since nonuniversity affiliated hospitals were experiencing difficulty in obtaining interns in requisite number and caliber, the problem might be solved by having the American Medical Association take appropriate measures to investigate the feasibility of the use of senior medical students to replace first-year interns in affiliated hospitals, thereby making such interns available for the nonaffiliated institutions. Another resolution [2] pointed up the critical shortage of interns in community and municipal hospitals and proposed that medical schools adopt a policy of encouraging a reasonable percentage of graduates to seek a two-year rotating internship in such institutions. A third [3] resolution indicated that the intern shortage interferes with the quality and the quantity of service provided for patients in voluntary and municipal hospitals. It also categorically stated that "the two-year rotating internship is the best foundation for the practice of medicine, for further training in a specialty, and/or for training in the armed forces," and resolved that the American Medical Association should recommend the two-year rotating internship.

Throughout each of these resolutions the thread of emphasis is placed on supplying interns to certain hospitals for the purpose of covering the service needs of these institutions. This problem has confronted the House of Delegates and the Council on Medical Education and Hospitals ever since it was recognized that a period of hospital education and training beyond graduation from medical school is an essential experience before entering general practice or undertaking further preparation for specialty practice. It is clearly recognized that there is a need for augmentation in the number of physicians in keeping with population growth and the development of new specialty fields. Unfortunately, however, the so-called intern-shortage has been repeatedly utilized by individuals and organizations as one of the evidences of inadequate numbers of medical graduates to the point where it has confused the real issues. Those who advocate intern needs as a measure of physician requirements fail to remember that at no time have more than 12 to 15% of the hospitals in the nation been approved for intern education and training. Furthermore, those who imply that good medical care exists only where there are internships and/or other forms of graduate medical education forget that 85% of our hospitals do not have such programs. Such programs are no guarantee of high quality medical care unless the medical staff of a hospital and the hospital administration are exerting every effort to maintain high standards of graduate medical education wherever they are being conducted. High quality medical care is a responsibility that lies directly with the physician whenever a patient is hospitalized, regardless of the presence or absence of an intern or resident education and training program within the institution.

An editorial from THE JOURNAL which appeared in August, 1920,[4] described "The Hospital Intern Problem" of that day in a manner that so nearly parallels the current scene that it merits full quotation, as follows:

> As noted in the previous comment, 593 of the 6,440 hospitals in the United States require annually 3,420 interns, or about 400 more than are turned out this year by the medical schools. Nevertheless, these hospitals represent a very small proportion of all hospitals in the country, and the number seeking interns is increasing. It can be seen, therefore, that the number of students graduating annually is not sufficient to supply interns for all hospitals seeking them, far less to meet the demand if all general hospitals should desire to use them. This, meanwhile, is one of the bases for the claim that there is a dearth of physicians. It can readily be seen, however, that sufficient interns could not be provided for all hospitals even if the annual number of graduates exceeded by several times the normal output for this country. The intern

Chairman, Council on Medical Education and Hospitals.

1. Resolution No. 10 on Use of Senior Medical Students as Clinical Clerks to Replace First Year Interns, introduced at San Francisco Session of House of Delegates of A. M. A., June, 1958
2. Resolution No. 26 on Two-Year Rotating Internships in Community and Municipal Hospitals, introduced at San Francisco Session of House of Delegates of A. M. A., June, 1958.
3. Resolution No. 27 on Plan to Promote Improved Intern Education and to Correct the Shortage of Interns, introduced at San Francisco Session of House of Delegates of A. M. A., June, 1958.
4. The Hospital Intern Problem, Editorial, J. A. M. A. **75**: 418 (Aug. 7) 1920.
5. Approved Internships—Directory of Approved Internships and Residencies, compiled by Council on Medical Education and Hospitals of the A. M. A., J. A. M. A. **168**: 529 (Oct. 4), 1958.
6. Hospital Statistics, Hospitals **32**: 352 (Aug. 1, pt. 2) 1958.

problem must be solved in some other way. Many hospitals, even now, are employing physicians as residents or house officers at increasing salaries or with gradually increasing privileges in the way of practice. Interns, also, should be relieved of much of the work required of them which should be done by orderlies employed for that purpose. History-writing and records, which have depended largely on intern service, can be kept up by staff physicians through the use of stenographers. It is certain that the increased demand for interns does not justify either the lowering of educational standards or a multiplication of medical schools.

Of the 6,946 hospitals in the United States today, only 867 have been approved by the Council on Medical Education and Hospitals [*] (see this issue, page 529) for internship education and training. In 1958 these institutions offered a total of 12,325 internship positions. During that year there were 6,861 graduates from approved medical schools in the United States. However, between graduates of these schools and graduates of foreign medical schools, 10,198 of the total approved internship positions were filled. Thus in the 6,946 hospitals [*] in the United States, territories, and possessions 867 or slightly over 12% offered internship training opportunities far in excess of the number of graduates of the medical schools. It is obvious from these figures that redistribution of interns, utilizing clinical clerks to replace interns in teaching institutions, or prolonging the internship to two years will not provide the type of panacea for supplying the extra pair of hands so keenly sought by many members of the medical profession and hospital administrators.

The whole area of medical education is undergoing transition in this rapidly changing and dynamic scene. The internship is just one facet of medical education which continues to be the focus of controversy, because its service aspects do involve medical care in those institutions where such programs have been developed. The next few years may see the disappearance of the internship in its traditional concept as further advances in keeping with knowledge and needs are made in the education of the physician. In the meantime we should not be deluded into the belief that there is some magic manipulation of the internship which can furnish the answer to meeting service functions which are the responsibility of the physician and the hospital administration when patients are admitted to hospitals for medical care.

ANNUAL REPORT AND DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES

The 32nd Annual Report on Internships and Residencies published in this issue of THE JOURNAL is based on a questionnaire issued one year ago to all hospitals with approved programs. Although these data apply to the year 1957-1958, they represent the situation on Sept. 1, 1957. The Directory of Approved Internships and Residencies contains data provided in the same questionnaire, but is an announcement of hospital programs available on July 1, 1959, for the year 1959-1960.

This 32nd Annual Report indicates that there was a modest increase in the number of approved internships and residencies offered on July 1, 1958, as compared with those announced for the previous year. The total number of hospitals now conducting approved programs has reached 1,400. Of this number, 10% (141) offer only intern training, 38% (537) offer only resident training, and 52% (722) offer both intern and resident training.

This annual report and directory serves two distinct groups of individuals. It is useful to the recent graduate in medicine who is planning his further graduate training program. It is of equal or greater use to training program directors and medical administrators dealing with broad aspects of graduate training and concerned with program trends and planning for the future.

The staff of the Council on Medical Education and Hospitals is now engaged in a study aimed at increasing the usefulness of the report and the directory. The standard questionnaire for the year 1958-1959 has been altered only to include a question on certification by the Educational Council for Foreign Medical Graduates. A supplemental questionnaire will also be used this year as a first step in this continuing study.

Among the subjects under study are a more thorough characterization of other areas of graduate training leading toward specialization such as fellowships, traineeships, and preceptorships; additional descriptive data on hospital training features such as percentage of private patients, average length of patient stay, average daily census of the individual specialty services, and the autopsy rate for each such service, and a more thorough study of the range of stipends in individual programs.

There will be a continuing effort to indicate combinations of training programs through the mechanism of the "indented listing." It may be possible to list the resident positions for each year of each program so that its vertical or pyramidal nature will be indicated.

There is now a functioning residency review committee for obstetrics and gynecology. Residency programs in pathology and thoracic surgery are still approved by concurrence of the Council and the Specialty Boards concerned. All other specialty programs as well as internships and general practice residencies are evaluated and approved by committees of leaders in each of the special fields of medicine.

While this report is prepared by the Council staff, it represents the combined efforts of the Review and Conference Committees, hospital administrators, medical educators, and the staff members of other national groups concerned with graduate medical education and training. The importance which this annual report will assume is related to the discrimination with which future questionnaire items are selected and the accuracy and completeness of the replies from hospital administrators.

ORGANIZATION SECTION

LETTER REGARDING CONFERENCES ON AGING

August 11, 1958

The Honorable Lister Hill, Chairman
Committee on Labor and Public Welfare
United States Senate
Washington 25, D. C.

Dear Senator Hill:

The American Medical Association is distressed to learn that your Committee has decided to indefinitely postpone further consideration of H. R. 9822, which provides for the holding of a White House Conference on Aging and to assist states in conducting similar conferences on aging prior to the White House Conference.

The American Medical Association has had a deep and longstanding interest in the problems of our aged citizens, especially in regard to their health needs. Our Committee on Aging, established in 1955, is composed of some of the leading medical authorities in the country on the health problems of older persons. This Committee has recently conducted regional conferences on aging in Seattle, Dallas, Philadelphia, Birmingham, and Omaha. The American Medical Association has also scheduled a national conference on aging to be held in Chicago on Sept. 12-14. Up to the present time, approximately 30 state medical societies have created Committees on Aging, and by September it is expected that approximately 40 such Committees will have been formed.

In addition to the activities of its Committee on Aging, the American Medical Association has recently joined with the American Dental Association, the American Hospital Association and the American Nursing Home Association in establishing a Joint Council to Improve the Health Care of the Aged. Although studies of the problems of the aged have been under way for the past several years by these various organizations, research in this field will now be intensified through joint efforts, and projects for meeting the problem will be activated as rapidly as possible.

The American Medical Association believes very strongly that there is a need for systematic interchange of ideas in this field. Through our experience with our regional conferences on aging and through our activities as a member of the Joint Council, we have learned that much is to be gained from state and national conferences on this subject, such as proposed in H. R. 9822. The members of the medical profession will take part in these conferences, both on the state and national levels, to the fullest extent possible.

The purpose of this letter, therefore, is to request that you and your Committee reconsider your action and favorably report to the Senate H. R. 9822, as it passed the House.

Sincerely yours,
F. J. L. Blasingame, M.D.
Executive Vice-president.

CHANGES IN PERSONNEL AT HEADQUARTERS

Dr. M. Eleanor Blish of Houston, Texas, has been appointed a member of the field staff of the Council on Medical Education and Hospitals. Dr. Blish, who has been in the practice of pediatrics for many years, was also assistant clinical professor of pediatrics at Baylor University College of Medicine and assistant to the director of the Children's Clinic at the Houston Tuberculosis Hospital.

Mr. William Hetherington, Executive Publisher of *Today's Health*, who had been with the A. M. A. for 10 years, left headquarters Sept. 19 to accept a position with the *Reader's Digest*, with his headquarters in Chicago.

Mr. Richard Stalvey, who has been with the A. M. A. since 1954, first as an administrative assistant in the Bureau of Investigation and later in the Public Relations Department, has taken up his new duties as Assistant Executive Director of the Los Angeles County Medical Association.

RALPH CREER TO ATTEND JAPAN MEDICAL CONGRESS

Ralph Creer, director of motion pictures and medical television for the American Medical Association, is to go to Tokyo next April as a guest of the Japan Medical Congress. Mr. Creer will organize and direct an International Medical Film Exhibition as part of the Congress' 15th General Assembly. He also will deliver several illustrated lectures to the faculty of the two medical schools in Japan.

COUNCIL ON MEDICAL SERVICE

CURTAILMENT OF MEDICARE PROGRAM

The Sept. 27 issue of THE JOURNAL reported editorally that a new directive, drastically reducing the amount of care provided at government expense in civilian hospitals and by civilian physicians for uniformed services dependents, would go into effect Oct. 1, 1958. These are the basic changes, as outlined in ODMC (Office for Dependents' Medical Care) Letter No. 16-58.

Excluded Categories of Care

On and after Oct. 1, 1958, no civilian outpatient treatment of dependent spouses and children of uniformed service personnel on active duty will be eligible for payment, except when incident to maternity care. Services by civilian physicians and hospitals to servicemen's dependents will be eligible for payment only if the patient is hospitalized for treatment of an acute or emergency surgical or medical condition.

The following six categories of care are specifically excluded from payment: (1) treatment of injuries on an outpatient basis, (2) the termination visit of a referring physician, (3) outpatient presurgical and postsurgical tests and procedures, (4) neonatal visits on an outpatient basis, (5) treatment of acute emotional disorders (except when the patient is hospitalized for some other acute or emergency condition), and (6) elective surgery, which means any surgery which can be delayed and planned for subsequently without detriment to the patient.

Eligible Patients

Maternity care and the in-hospital treatment of acute and emergency surgical and medical conditions are the only categories of service for which payment to civilian physicians or hospitals is authorized. The right of the dependent spouse or child to choose between civilian and uniformed service facilities as a source of these services is further limited by whether the dependent is residing with or apart from his sponsor.

Dependent Residing Apart from Sponsor.—Eligible dependents who are residing apart from their sponsors may choose either civilian or military facilities as a source of care in the authorized categories. A statement to the effect that the dependent is residing apart from the sponsor entered on the claim form will be sufficient to justify payment for authorized care, "provided that the person or entity providing the care has no actual knowledge to the contrary."

Dependents Residing with Their Sponsors.—Dependents who are residing with their sponsors can obtain care at government expense only if they go to the appropriate government facility, unless the officer commanding that facility or his designee decides that he does not have adequate facilities or personnel available. In this case, the local command issues a permit for treatment by a civilian physician and admission to a nongovernmental hospital. The only care eligible for payment with this permit is maternity and acute or emergency in-hospital care.

Generally, care for dependents residing with their sponsors may be provided without a permit only when the dependent is on a trip away from the sponsor's household or in an acute emergency. In the first case, the claim form DA 1863 must contain the statement, "On trip." In the second, it must contain a statement by the attending physician that, "This is a bona fide acute emergency."

"Carry-Over" Patients

The directive does make temporary exceptions to some of these limitations on authorized civilian care in cases where treatment began before Oct. 1, 1958, but continues past that date. These patients are still eligible for categories of care eliminated by the directive: termination visits and outpatient presurgical and postsurgical tests and procedures associated with a hospitalization are payable if the hospital admission occurred prior to Oct. 1, 1958; neonatal outpatient visits are still authorized for births which occurred prior to that date; and outpatient visits for the treatment of injuries are reimbursable if the patient arranged for care before Oct. 1, 1958.

A temporary exception is also made for some dependents residing with their sponsors. If these dependents were admitted to a civilian hospital before Oct. 1, 1958, and their hospital stay resulting from this admission lasts beyond that date, no permit from the local command is necessary for the hospital stay. Also, if these patients were receiving authorized care from a civilian physician, no permit is necessary for continuance of that care during the hospital stay. In cases of this type, both the hospital and the physician claim form, DA 1863, must show the date of hospital admission.

Obstetric and Maternity Care

An exception is made for dependents residing with their sponsors who are receiving maternity care. If they are in the second or third trimester and were under the care of a civilian physician on or before Oct. 1, 1958, they may continue under the care of that physician without a permit, provided there is no change in duty station of the sponsor. In such cases both the physician and the hospital

must attest that the patient was under his care and in the second or third trimester on or before Oct. 1.

It should be noted that this exception applies only to those in the second or third trimester. A patient in the first trimester on Oct. 1, who is residing with her sponsor, must obtain care from the government facility unless the commanding officer or his designee certifies that adequate personnel and facilities are not available and issues a permit for civilian care.

All these exceptions are merely temporary, and affect only those patients whose hospitalization (for termination visit and outpatient presurgical and postsurgical procedures), birth (for neonatal visits), second trimester (for maternity care), or injuries (for outpatient treatment) took place prior to the effective date, Oct. 1, 1958. Any of these events commencing after Oct. 1 will be governed by the new regulations.

Reporting Methods

For treatment of dependents residing apart from their sponsors, a certification to that effect by the dependent on the claim form is sufficient to justify payment for care in the authorized categories—maternity care and hospital treatment of acute and emergency surgical or medical conditions—"provided that the person or entity providing the care has no actual knowledge to the contrary."

Care for a dependent residing with a sponsor but away from the sponsor's household on a trip is also allowable on the basis of the statement "On Trip" in Item 3 or 4 of the claim form if the physician has no actual knowledge to the contrary. Emergency care by a civilian physician or hospital for a dependent residing with a sponsor is payable if the claim form included a statement by the attending physician that "This case was a bona fide acute emergency."

In these three types of cases, according to the directive, the physician's or the hospital's statement is considered sufficient evidence of the validity of the claim, if the treatment provided is authorized under the new regulations and the statement is made in good faith.

In the case of the temporary exceptions to the new regulations, described under "'Carry-Over' Patients" above, where the treatment provided involves hospitalization, all hospital claim forms must show that the patient was admitted before Oct. 1, 1958. Claims for neonatal visits must show that the infant was born prior to midnight Sept. 30, 1958. Claims for outpatient treatment of injuries must show that the patient arranged for treatment prior to Oct. 1, 1958. Claims for maternity care of a dependent residing with her sponsor must show that the patient was in the second or third trimester and under the care of a civilian physician on or before Oct. 1 and both the physician and hospital must attest to these two facts.

For all dependents residing with their sponsors not covered by these temporary exceptions, a permit signed by the appropriate commander must be attached to the original copy of DA Form 1863 on claims submitted by attending physicians or hospitals. Claims submitted by others than the attending physician or hospital (such as assistant surgeons, radiologists, pathologists, consultants, physiatrists) will be authorized for payment without a permit. However, the forms initiated by them must state that a permit was furnished to the attending physician or hospital, and identify them by name.

Caused by Budget Pressure

The Department of Defense itself opposed the budgetary limitations that resulted in these restrictions and urged a continuation of the program as originally implemented. However, some elements within the Department desired increased utilization of military medical personnel and facilities and prevailed on the appropriations committees of Congress to encourage this by limiting the amount of money available to pay for civilian care. In fact, the first version of the appropriation measure passed by the House would have required even more stringent limitations on the civilian phase of the program. It cut the budget to 60 million dollars and included a section which prohibited supplemental appropriations or the use of other Department of Defense funds for payment to civilian physicians and hospitals. However, the House-Senate conference committee adopted, and both the House and Senate ratified, an amended version sponsored by Senator Knowland of California which raised the appropriation by 10 million dollars and placed less restrictions on requests for supplemental appropriations.

As a result, the budget for the current fiscal year (July 1, 1958, to June 30, 1959) is set at $70,246,000, but the Department of Defense was directed by the conference committee and Congress to initiate and enforce administrative regulations designed to achieve "optimum" utilization of uniformed services facilities and personnel. What is "optimum" is as yet undefined and is apparently left to the decision of the commanding officer of each facility.

Since expenditures during fiscal year 1958 totaled nearly 90 million dollars and anticipated costs for the current year (fiscal year 1959) would be even higher under the regulations in effect prior to Oct. 1, 1958, the Department of Defense announced it was forced to bring out its new directive on a "crash" basis. It has two stated objectives: to achieve greater economy and to encourage more use of government facilities. These ends the Department is attempting to attain, as has been noted, by eliminating authorization for a number of categories of care previously provided by civilian physicians and hospitals and by requiring those dependents who live with their sponsors to obtain care from govern-

ment facilities unless the commanders of the facilities decide that they do not have adequate personnel or facilities available.

The claim that the increased emphasis on utilization of military facilities was an economy measure demanded by Congress seems somewhat questionable in view of the fact that the same session of Congress increased current Public Health Service appropriations over fiscal year 1958 by nearly 200 million dollars, an increase in federal health and medical expenditures almost three times as great as the total Medicare cost.

Limitations and Military Morale

The Department of Defense has stated its belief that continuation of the program on its first basis would be more conducive to high morale among members of the uniformed services. In fact, Public Law 569 states "The purpose of this Act is to create and maintain high morale throughout the uniformed services. . . ." The following comments on possible results of restrictions on civilian care are taken from the First Annual Report of the Office for Dependents' Medical Care on the Dependents' Medical Care Program (1 June 1958):

> A restriction of "free choice" would require dependents in restricted areas to apply for and receive special authority for civilian care and if not administered most wisely, could conceivably result in an extremely adverse morale reaction among troops. (page 5)

> Young women about to become mothers prefer one physician; they desire privacy; they like to discuss with their physician the type of anesthetic to be used; and they do not like long waiting periods. They feel that the civilian program offers a better opportunity for obtaining the personal attention which they prefer. (page 5)

> If a case is accepted for which payment is later denied, because the patient lived within a restricted area, that particular physician will be reluctant to accept future cases. The individual physician will reflect his reaction to the State Associations and this will inevitably result in strained relationships, if not actual cancellation of contracts. (page 6)

> Patients requiring (special types of) surgery, or medical care for some of the more rare diseases, could not receive this treatment in the great majority of the uniformed services medical installations; however, in order to obtain authorization for care by civilian physicians, the patient would have to undergo a diagnostic study by service physicians. Obviously, this would be time consuming, wasteful, and costly. (page 6)

> There is no known comparison of costs, between uniformed service and civilian facilities, for medical care of young women and children. In fact, over-all comparison is most difficult because of the differences in organization and mission. The loss of dependent patients in uniformed services facilities is largely accounted for by maternity cases and it is in this area that service facilities were overcrowded prior to Medicare. (page 5)

This last comment is adequately supported by comparative data from the same Report (page 78) for the eight-month periods from January through August, 1956 (before Medicare) and January through August, 1957. In the 1957 sample period, the average daily patient load of dependents in military hospitals was 801 less than in 1956; almost three-fourths of the drop, 573 patients, occurred in the obstetric and gynecologic care category, which averaged 2,915 in 1956 and 2,342 in 1957. On the other hand, the category "Care other than OB-GYN" dropped only 228, from 3,961 in 1956 to 3,733 in 1957.

But while the dependent load in military hospitals had dropped only 801 in 1957, over 4,500 dependents received care daily in civilian hospitals under Medicare during this period. The total average daily patient load of servicemen's dependents receiving hospital care under federal auspices had increased over 3,700. In view of the comparatively small decrease in utilization of government facilities, especially in nonmaternity cases, and the 50% increase in the number of dependents receiving care in Medicare's first year, it appears open to question whether the present drastic reduction in civilian care will provide sufficiently improved utilization of military facilities to offset the probable effect on servicemen's morale.

Future of Medicare

Until the new regulations are in effect for some time, data will be insufficient for any analysis of their over-all effect. It seems likely, however, that the restrictions will be felt most in those states with a large number of military establishments, where the limitation of free choice for dependents living with their sponsors may result in a definite curtailment of civilian care. The results, therefore, will probably be felt most in the South Atlantic States, which had 21.9% of the hospital claims and 21.6% of the physician claims during the first year of the program's operation; in the Pacific States, which had 16.5% of the hospital and 21.9% of the physician claims; and in the West South Central States, which had 16.7% of the hospital and 15.4% of the physician claims. The foregoing percentages refer to the number of hospital and physician claims rather than the dollar amount. The six states in which the largest amounts were paid out in physicians' claims from Dec. 7, 1956, to Dec. 30, 1957, were California, Texas, Florida, Virginia, North Carolina, and Georgia.

The Board of Trustees of the American Medical Association has transferred responsibility in regard to the Medicare program from its special task force to the Council on Medical Service, which will keep track of developments in the program, confer with the ODMC when such action is indicated, and inform the profession concerning changes. On Monday, Dec. 1, 1958, the day prior to the opening of the Clinical Session, the Council's Committee on Federal Medical Services will sponsor a one-day conference on federal medical activities at Minneapolis. The afternoon session will be devoted to a discussion of current and possible future Medicare activities.

MEDICAL NEWS

ARKANSAS

Four Cases of Spotted Fever.—According to the Morbidity and Mortality Weekly Report of the U. S. Public Health Service for Sept. 5, Dr. Arthur M. Washburn, Arkansas State Board of Health, has reported on four cases of Rocky Mountain spotted fever, all of which occurred in members of one family residing in a county in which no cases of this disease have been reported for at least 10 years. This family lives in a rural wooded area and all four persons had numerous tick exposures. All of the illnesses yielded to treatment, but the fading rash was still evident on extremities four weeks after onset.

CALIFORNIA

Symposium on Viruses.—The Kaiser Foundation Hospitals in Northern California will present the second annual symposium on Viruses and Viral Disease Oct. 10-11 in the Fairmont Hotel, San Francisco. At the first session Wendell M. Stanley, Ph.D., will present "Newer Developments in Basic Virology" and Dr. Edwin H. Lennette will give "Laboratory Diagnosis of Viral Disease." The Oct. 11 program lists the following topics:

The Nature of Viruses, Robert C. Williams, Ph.D., Berkeley.
Respiratory Viruses of Clinical Importance, Dr. James O. Culver, Berkeley.
Enteric Viruses, Dr. Gilbert J. Dalldorf, New York City.
Interactions Between Tumor Viruses and Animal Cells, Harry Rubin, D.V.M., Pasadena.
Chemotherapy of Viral Disease, Dr. Aaron F. Rasmussen Jr., Los Angeles.
Present Status of Vaccination Against Poliomyelitis with Killed and Live Virus Vaccines and a Combination of the Two, Dr. Albert B. Sabin, Cincinnati, Ohio.

The symposium will conclude with a panel discussion "Viral Disease of the Central Nervous System," moderated by Dr. Edward B. Shaw. For information write Kaiser Foundation Hospital, Broadway and MacArthur, Oakland 11, Calif.

FLORIDA

Seminar on Premature Infants.—The University of Miami School of Medicine, Coral Gables, and the Florida State Board of Health will hold a five-day Seminar on Care of Premature Infants at the Premature Demonstration Center, Jackson Memorial Hospital, Miami, Nov. 17-21. The seminar, open to physicians and nurses, will provide demonstrations of equipment and their use, discussion of feeding, skin care, infections, and home care of prematures. Newer developments in the prevention of infection in nurseries will be included. The American Academy of General Practice will accord 35 hours credit in category I for those registering. Dr. Robert B. Lawson, chairman, department of pediatrics, and Dr. Demetrius G. Traggis, assistant professor of pediatrics, University of Miami School of Medicine, are in charge of the seminar.

Physicians are invited to send to this department items of news of general interest, for example, those relating to society activities, new hospitals, education, and public health. Programs should be received at least three weeks before the date of meeting.

ILLINOIS

Chicago

Dr. Coller to Give Phemister Lecture.—The Dallas B. Phemister Lecture will be presented this year at the University of Chicago Clinics by Dr. Frederick A. Coller, professor emeritus of surgery, University of Michigan, Ann Arbor, on "Surgery and Science." The lecture will be held on Oct. 7, 8:00 p. m., in Lecture Hall P-117 at Billings Hospital, 950 E. 59th St.

Sam Pearlman Honored.—Dr. Samuel J. Pearlman will be feted by Chicago doctors at a banquet in his honor at the Morrison Hotel Oct. 8. Dr. Pearlman, who will be honored for his "service to the medical profession" during a lifetime of practice in Chicago, is senior attending surgeon at Michael Reese Hospital, attending surgeon at Cook County Hospital and chairman of its ear nose and throat department.

MARYLAND

General Practice Meeting in Hagerstown.—The 10th annual meeting of the Maryland Academy of General Practice will be held Oct. 11-12 at the Hotel Alexander, Hagerstown. Eight hours of category 1 credit will be given for attendance. Papers to be presented by out-of-state speakers include the following:

The Irritable Child, Dr. Elwood K. Hammond, Paoli, Ind.
Diagnostic Aids and Management of Office Problems in Otolaryngology, Dr. Peter A. Pastore, Richmond, Va.
The Irritable Bowel Syndrome, Dr. Frederick Steigmann, Chicago.
Some Observations on Headache, Dr. Arnold P. Friedman, New York City.
Routine Rectal Examination, Dr. Walter H. Gerwig, Washington, D. C.
The G. P. and the Care of the Discharged Mental Patient, Dr. Else B. Kris, New York City.

The annual banquet will be held Oct. 11, 7:30 p. m., and the cost for wives and guests will be $7. For information write the Maryland Academy of General Practice, 3722 Greenmount Ave., Baltimore 18.

NEW JERSEY

Conference on Child Amputees.—The biannual Congenital Child Amputee Conference and Clinic will take place at the Kessler Institute for Rehabilitation, West Orange, Oct. 18. The morning program will consist of an educational and orientation session. Dr. Henry H. Kessler, medical director of the institute, will discuss "Congenital Malformations and General Principles of Rehabilitation of the Congenital Amputee." The program will include documentary films on rehabilitation procedures employed in specific cases. Clinical examinations will be held in the afternoon. This free diagnostic service is available to congenital amputee children through medical referral. This conference is open to physicians, nurses, limb makers, therapists, and other rehabilitation personnel without charge. Advance registration is requested with Mrs. Lucile Gould, Kessler Institute for Rehabilitation, West Orange, N. J.

NEW MEXICO

Regional Physicians Meet in Santa Fe.—A regional meeting of the American College of Physicians for New Mexico will be held Oct. 11 at the Museum of International Folkart, Santa Fe. Dr. Robert Friedenberg, governor for New Mexico, and the following speakers, among others, are on the program:

Are Former Methods of Tuberculosis Treatment Obsolete?, Dr. Bela Szigeti, Fort Stanton.
Coronary Heart Disease in the Navajo: A Preliminary Report, Drs. Richard B. Streeper, Cecil H. Dillingham, Robert U. Massey, and Gordon F. Liu, Albuquerque.
Parathyroid Adenoma: A Case Report with Suggestions as to Management, Drs. Richard M. Angle and Robert C. Derbyshire, Santa Fe.
The General Hospital and the Acute Psychiatric Patient, Dr. Rudolph Kieve, Santa Fe.
Primary Rhabdomyosarcoma of the Heart, Dr. J. Robert S. Grier, Los Alamos.
Problems of the Identification of Aging, Dr. Edwin R. Ballinger, Los Alamos.
Fluorometric Steroid Determination in Plasma, Dr. Harry D. Ellis, Santa Fe.
The Use of the Large Liquid Scintillation Counter in Biological Research, Wright Langham, Ph.D., Los Alamos.
Clinical Applications of the Large Liquid Scintillation Well-counter, Dr. Clarence C. Lushbaugh, Los Alamos.

Dr. Howard Wakefield, Chicago, regent, will give "Poignant Activities of the College" at the dinner meeting. The New Mexico Society of Internal Medicine will meet at 5:15 p. m., Oct. 11, and a tour of the Los Alamos medical facilities will be provided Oct. 12. For information write Dr. Heinz R. Landmann, P. O. Box 2033, Santa Fe, N. M.

NEW YORK

Symposium on Cinefluorography.—The first annual Symposium on Cinefluorography, sponsored by the department of radiology, University of Rochester School of Medicine and Dentistry, will be held Nov. 14-15 (just prior to annual meeting of the Radiologic Society of North America, which begins Nov. 16) at the Strong Memorial Hospital, Rochester. A discussion of cinefluorographic equipment and technique, appraisal of image intensification apparatus, film emulsions and film sizes, processing, viewing and interpretation, and radiation dose problems is scheduled for Nov. 14. Clinical application with detailed consideration of a major organ system will be discussed Nov. 15. The general cochairmen for the symposium are Dr. George H. Ramsey and Dr. James S. Watson Jr. Address all inquiries to Dr. George H. Ramsey, Department of Radiology, Strong Memorial Hospital, Rochester 20, N. Y.

New York City

Dr. Lempert Receives Surgeons Award.—At the Northeastern Sectional Meeting of the International College of Surgeons the Edwin and Hanna Speidel award was presented to Dr. Julius Lempert, research professor of otolaryngology, Tufts College Medical School, Boston. The plaque bears the seal of the International College of Surgeons and the words: "The Edwin and Hanna Speidel Award presented to Julius Lempert, M.D., F. I. C. S., for pioneering surgery for middle ear deafness of otosclerotic origin, International College of Surgeons, Northeastern Sectional Meeting, July 4, 1958, Manchester, Vermont."

OREGON

General Practice Meeting in Portland.—The Oregon Academy of General Practice will hold its annual scientific session Oct. 16-17 at the Multnomah Hotel, Portland. Papers by out-of-state speakers are as follows:

Treatment of Breast Diseases: Some Controversial Issues, Dr. John Armes Gius, Iowa City.
Lupus Erythematosis, Dr. Abou D. Pollack, Baltimore.
How to Be Sick Successfully, Dr. Thomas H. Holmes, Seattle.
Exercise Electrocardiogram as an Office Procedure, Dr. E. Gray Dimond, Kansas City, Kan.

On Oct. 16 Dr. Bertram L. Trelstad, Salem, president of the Oregon academy, will present "Treatment of Plantar Warts and Keratosis," and Dr. John G. Walsh, Sacramento, Calif., will speak at the luncheon on "Proper Relationship Between Medical Profession and the Third Party." On Oct. 17 a luncheon panel discussion will be moderated by Dr. Robert L. Mighell. "The Future of General Practice" will be discussed by Dr. Fred MacD. Richardson, Philadelphia, at the annual banquet Oct. 16, 7:30 p. m. For information write the Oregon Academy of

General Practice, 4942 N. E. 34th, Portland, Ore. Ten hours category I credit will be granted for attendance. Registration fee for nonmembers is $5.

PENNSYLVANIA

Mortality Among Centenarians.—Seventy-five persons over the age of 100 died in Pennsylvania last year, according to a report issued by the Pennsylvania Department of Health. Fifty-three of this group were females. One man and one woman were 111 years old. "This is the first tabulation of deaths in this age bracket ever attempted by the department," said Dr. Charles L. Wilbar, secretary of health.

Philadelphia

Alumni-Senior Class Dinner.—The Medical Alumni-Faculty-Senior Class Dinner of the University of Pennsylvania will be held Oct. 16, 6:00 p. m., at the University Museum, 33rd and Spruce Streets, Philadelphia. Dr. Alan Rubin, department of obstetrics and gynecology, University Hospital, is chairman.

Conference on Schizophrenia.—A two-day Conference on Schizophrenia and the Family will be held by the department of psychiatry, Temple University Medical Center Oct. 9-10 at the university Medical School Auditorium. Speakers will include Dr. Nathan W. Ackerman, New York City; Dr. Stephen Fleck, New Haven, Conn.; Gregory Bateson, Palo Alto, Calif.; Dr. Lucius Bowen, Bethesda, Md.; and Dr. John N. Rosen, Philadelphia. Panel discussions will follow each presentation. Dr. Oliver S. English, head, department of psychiatry, Temple University Medical Center, will open the conference. Fee will be $10.

Personal.—Dr. William C. Yakovac has been appointed pathologist to The Children's Hospital of Philadelphia, succeeding Dr. Bernard M. Wagner, who has resigned to accept appointment to the Robert L. King Chair for Cardiovascular Research in the department of pathology, University of Washington School of Medicine, Seattle.—The Metabolic and Arthritic Diseases Division of the National Institutes of Health has awarded Dr. Joseph N. Seitchik, clinical professor of obstetrics and gynecology, Hahnemann Medical College, a grant of $36,000 for research into the reasons for premature labor and the possible development of preventive measures.

SOUTH DAKOTA

Annual Seminar and Pheasant Hunt.—The Huron District's fourth annual pheasant seminar will be held Oct. 18-19 and all physician-hunters are invited. The program is as follows:

Oct. 18
9 a. m.—Registration at St. John's Hospital Auditorium, Huron.
9:30-11 a. m.—Dr. Edmund C. Burke, Rochester, Minn., "Nephritis in Childhood, Criteria for Diagnosis and Prognosis." Dr. William T. Smith, Minneapolis, "Our Old Friend Pruritis Ani."
12 Noon—Pheasant season begins (bag limit of male pheasants—4).
8 p. m.—Football Game: Huron College vs. Black Hills Teachers.
Oct. 19
9:30-11 a. m.—Dr. Raymond W. Healy, North Miami Beach, Fla., "Physical Medicine and Rehabilitation." Dr. Frederick J. Fischer, Detroit, "Common Orthopedic Problems."
12 Noon—Hunting.
8 p. m.—Stag for Registrants at Huron Country Club.

The registration fee ($10) will cover program, ball game, and the stag buffet. Room reservations can be made through the Huron Chamber of Commerce. Pheasant Seminar Committee Chairman is Dr. David J. Buchanan, 707 Dakota St., Huron, S. D.

WEST VIRGINIA

Heart Association Meeting in Fairmont.—The annual meeting of the Scientific Assembly of the West Virginia Heart Association will be held at the Fairmont Hotel, Fairmont, Oct. 10. Dr. William F. Richmond, of Beckley, chairman of the program committee, has announced the following program:

Pulmonary Physiology, Dr. Edward A. Gaensler, Boston.
Pulmonary Pathology, Dr. Peter P. Ladewig, Montgomery, W. Va.
General Principles of Treatment, Dr. Sol Katz, Washington, D. C.
Problems in West Virginia, Drs. Albert D. Kistin, Beckley, and William C. Stewart, Charleston.

Dr. Upshur Higginbotham, of Bluefield, is president of the scientific assembly. For information write the West Virginia State Medical Association, Box 1031, Charleston 24, W. Va.

GENERAL

North Central Medical Conference in Minneapolis.—The annual meeting of the North Central Medical Conference for the six-state area of Iowa, Minnesota, Nebraska, North Dakota, South Dakota, and Wisconsin will be held Oct. 11-12 at the Hotel Leamington, Minneapolis. The presidential address will be given by Dr. Arthur A. Lampert, Rapid City, S. D., at the dinner session after which Dr. F. J. L. Blasingame, Chicago, Executive Vice-President of the A. M. A., will speak on "Re-Organization of the American Medical Association." A discussion on "Cultism and Limited Licensees" will feature the following:

Reflexologists, John Zimmer, Sioux Falls, S. D.
Chiropractors, Robert B. Throckmorton, Des Moines, Iowa.
Osteopaths, Dr. Horatio B. Sweetser, Minneapolis.
Optometrists, Dr. Milton E. Nugent, Bismarck, N. D.
Psychologists, Dr. Edward D. Schwade, Milwaukee.

Other topics include "The Doctor and the Nursing Home," "Trends in Utilization of Prepaid Medical Care Plans," and "Third Party Medicine." For infor-

mation write the Minnesota State Medical Association, 496 Lowry Medical Arts Building, St. Paul 2, Minn.

Prevalence of Poliomyelitis.—According to the National Office of Vital Statistics, the following number of reported cases of poliomyelitis occurred in the United States, its territories and possessions in the weeks ended as indicated:

Area	Sept. 6, 1958 Paralytic Type	Sept. 6, 1958 Total Cases	Sept. 7, 1957 Total
New England States			
Maine	..	..	1
New Hampshire	..	..	..
Vermont	..	..	1
Massachusetts	1	1	1
Rhode Island	..	..	..
Connecticut	1	2	3
Middle Atlantic States			
New York	12	13	12
New Jersey	11	24	9
Pennsylvania	7	7	..
East North Central States			
Ohio	6	18	10
Indiana	5	8	4
Illinois	4	26	32
Michigan	24	71	25
Wisconsin	1	1	16
West North Central States			
Minnesota	..	..	4
Iowa	4	12	7
Missouri	3	6	6
North Dakota	3	4	..
South Dakota	..	..	..
Nebraska	..	1	5
Kansas	..	1	4
South Atlantic States			
Delaware	..	1	..
Maryland	2	2	..
District of Columbia	..	..	7
Virginia	12	14	5
West Virginia	10	16	1
North Carolina	..	2	3
South Carolina	..	1	3
Georgia	1	8	2
Florida	3	7	7
East South Central States			
Kentucky	1	1	3
Tennessee	1	9	3
Alabama	..	1	..
Mississippi	2	3	2
West South Central States			
Arkansas	1	1	1
Louisiana	1	1	3
Oklahoma	3	3	8
Texas	22	29	22
Mountain States			
Montana	..	..	1
Idaho	..	2	1
Wyoming	..	1	1
Colorado	..	1	2
New Mexico	..	1	2
Arizona	1	1	..
Utah	..	..	3
Nevada	..	..	..
Pacific States			
Washington	..	1	2
Oregon	1	2	1
California	10	14	16
Alaska	..	..	1
Hawaii	2	2	2
Puerto Rico	..	..	4
Total	155	319	248

Medical Illustrators Meet in Dallas.—The annual meeting of the Association of Medical Illustrators will be held Oct. 6-8 in Dallas, Texas, with headquarters at the Adolphus Hotel. Following an address by Dr. Atticus J. Gill, dean, University of Texas Southwestern Medical School, a discussion of "Medical Illustration from the Standpoint of the Research Physician" will be presented by Drs. Carleton B. Chapman and Hugh E. Wilson. The discussion will be continued Oct. 7, 2:30 p. m., with Drs. Arthur Grollman, Charles L. Martin, and Curtice Rosser participating. The Brodel Memorial Lecture will be given by Dr. Milford O. Rouse at the annual banquet Oct. 6, 7:30 p. m., following "The Creation of Images," by Mr. Lewis Waters, president of the association and chairman, department of medical art, University of Texas Southwestern Medical School. Thomas G. Hull, Ph.D., director of scientific exhibits, American Medical Association, will present "Effective Presentation of the Scientific Research Exhibit" the afternoon of Oct. 8. A tour through the medical art department at the university is planned. For information write the Department of Medical Art, University of Texas Southwestern Medical School, 5323 Harry Hines Blvd., Dallas 19, Texas.

Ophthalmology and Otolaryngology Meeting in Chicago.—The 63rd annual meeting of the American Academy of Ophthalmology and Otolaryngology will be held Oct. 12-17 at the Palmer House, Chicago. Guest of honor will be Dr. Louis H. Clerf, professor emeritus of laryngology and bronchoesophagology, Jefferson Medical College, Philadelphia. The 15th Jackson Memorial Lecture will be given by Dr. Arthur Linksz on "Aniseikonia: With Notes on the Jackson–Lancaster Controversy," and the 14th Wherry Memorial Lecture will be given by Dr. Julius Lempert, Boston, on "Basic Principles Used in the Development of Modern Temporal Bone Surgery Technique." A symposium, "The Care of the Surgery Patient," will include the following by invited guests:

The Preoperative Evaluation of the Patient, Dr. H. Walter Jones Jr., Boston.

Some Fallacies in Choice of Anesthetic Agents, Dr. William K. Hamilton, Iowa City.

Postoperative Surgical Care, Dr. Alton Ochsner, New Orleans.

Foreign participants will include Dr. Teodulo Manuel Agundis, Mexico City; Dr. Enrique Malbran, Buenos Aires, Argentina; and Dr. G. Meyer-Schwickerath, Bonn, West Germany. Motion pictures, exhibits, and alumni dinners are planned. A ladies' program is arranged, and the annual banquet will be held 7 p. m., Oct. 13. Registration fee for nonmembers is $5. For information write Dr. William L. Benedict, Secretary, The American Academy of Ophthalmology and Otolaryngology, 100 First Avenue Building, Rochester, Minn.

19
V.

Surgeons' Clinical Congress in Chicago.—The annual Clinical Congress of the American College of Surgeons will be held in Chicago, Oct. 6-10 with headquarters at The Conrad Hilton. Dr. Robert L. Schmitz, Chicago, assistant professor of surgery, Stritch School of Medicine of Loyola University, is chairman of the local advisory committee on arrangements. Major addresses will be made by Dr. Newell W. Philpott, Montreal, incoming president of the college; Dr. George J. Curry, Flint, Mich.; and Dr. Gunnar Thorsén, Stockholm, Sweden. Continuing the medical student education program launched by the college two years ago, 37 medical students will attend this congress as guests of the college (students are selected by vote of their classmates and medical colleges sending representatives are rotated each year). About 200 reports on research in surgical progress and surgery of the future will be made by researchers in the Forum on Fundamental Surgical Problems. Dr. Walter W. Carroll, Northwestern University, and Dr. J. Garrott Allen, University of Chicago, are in charge of the televised program of operations emanating from Passavant Memorial Hospital in Chicago, and Dr. Hilger P. Jenkins, Chicago, is in charge of the medical motion picture program. Dr. Harris B. Shumacker Jr., Indianapolis, supervises the program of research reports.

Annual Meeting of Rhinologic Society.—The fourth annual meeting of the American Rhinologic Society will be held Oct. 17-18 in the Palmer House, Chicago, under the presidency of Dr. Russell I. Williams, of Cheyenne, Wyo. Among the topics to be discussed will be pulmonary and nasal physiology, laboratory and clinical aspects of bone transplants, hump removal, roof repair, and nasal process corrections. The preliminary program includes the following:

Maxillary and Premaxillary Approach to Septal Surgery, Dr. Ralph H. Riggs, Shreveport, La.

Olfactory Factors in Experimental Neurosis in Animals, Dr. Jules H. Masserman, Chicago.

Second Golden Decade of Rhinologic Surgery—The Advances of the Past 10 Years, Dr. Harvey C. Gunderson, Toledo, Ohio.

Physiology of Respiration, Dr. David W. Cugell, Chicago.

Concepts of Nasal Physiology as Related to Corrective Nasal Surgery, Dr. Maurice H. Cottle, Chicago.

Bone Transplants; Experimental and Clinical Aspects, Dr. Robert D. Ray, Chicago.

Nasal Physiology, Dr. Irving Cramer, Cleveland.

"Hump Removal, Roof Repair, Nasal Process Corrections" will be the subject of a panel discussion, with Dr. Walter E. Loch, of Baltimore, as moderator. Dr. Guy L. Boyden, professor of otolaryngology, University of Oregon Medical School, Portland, will be the guest of honor. There is no registration fee. For information write Dr. Robert M. Hansen, 1735 N. Wheeler Ave., Portland 17, Ore., Secretary.

EXAMINATIONS AND LICENSURE

EDUCATIONAL COUNCIL FOR FOREIGN MEDICAL GRADUATES, INC.

Educational Council for Foreign Medical Graduates, Inc.: The American medical qualification examination to be given henceforth twice a year for foreign medical graduates. Medical Schools in the United States and Foreign Countries, Sept. 23. Final date for filing application was June 23. Dates for the 1959 examinations have been set for Feb. 17 and Sept. 22. Executive Director, Dr. Dean F. Smiley, 1710 Orrington Ave., Evanston, Illinois.

BOARDS OF MEDICAL EXAMINERS

ALASKA:* On application in Anchorage and Juneau. Sec., Dr. W. M. Whitehead, 172 South Franklin St., Juneau.

CALIFORNIA: *Written Examination.* Sacramento, Oct. 20-23. *Oral Examination.* San Francisco, November 15. *Oral and Clinical Examination for Foreign Medical School Graduates.* San Francisco, June 15; Los Angeles, August 17; San Francisco, November 16. Sec., Dr. Louis E. Jones, 1020 N Street, Sacramento.

COLORADO: *Endorsement.* Denver, Oct. 14. *Written.* Denver, Dec. 9-10. Exec. Sec., Mrs. Beulah H. Hudgens, 715 Republic Bldg., Denver 2.

GUAM: *Subject to Call.* Act. Sec., Dr. F. L. Conklin, Agana.

MAINE: *Examination and Reciprocity.* Portland, Nov. 12-14. Sec., Dr. Adam P. Leighton, 142 High St., Portland.

MONTANA: *Examination and Reciprocity.* Helena, Oct. 7. Sec., Dr. Thomas L. Hawkins, 535 Fuller Ave., Helena.

NEW MEXICO:* *Examination and Reciprocity.* Santa Fe, Nov. 17-18. Sec., Dr. R. C. Derbyshire, 227 East Palace Ave., Santa Fe.

OHIO: *Examination.* Columbus, Dec. 16-18. *Endorsement.* Columbus, August 18; October 6 and Dec. 16-18. Sec., Dr. H. M. Platter, Wyandotte Bldg., Columbus 15.

SOUTH CAROLINA: *Endorsement.* Columbia, Dec. 9. Sec., Dr. H. E. Jervey, Jr., Blanding Bldg., Columbia.

TEXAS:* *Examination and Reciprocity.* Fort Worth, Dec. 4-6. Sec., Dr. M. H. Crabb, 1714 Medical Arts Building, Fort Worth 2.

WISCONSIN: *Reciprocity.* Madison, Oct. 16-18. Sec., Dr. Wm. H. Barber, 621 Ransom St., Ripon.

WYOMING: *Examination and Reciprocity.* Cheyenne, Oct. 6. Sec., Dr. Franklin D. Yoder, State Office Bldg., Cheyenne.

BOARDS OF EXAMINERS IN THE BASIC SCIENCES

ALASKA: *Examination.* Juneau, Nov. 4. Sec., Dr. R. Harrison Leer, Room 204, Alaska Office Bldg., Juneau.

ARKANSAS: *Examination.* Little Rock, Oct. 6-7. Sec., Dr. S. C. Dellinger, Zoology Department, University of Arkansas, Fayetteville.

DISTRICT OF COLUMBIA: *Reciprocity. Examination.* Washington, Nov. 13-14. Deputy Director, Mr. Paul Foley, 1740 Massachusetts Ave., N. W., Washington 6.

KANSAS: *Examination and Reciprocity.* Kansas City, Nov. 24-25. Sec., Dr. L. C. Heckert, Pittsburg.

MICHIGAN: *Examination.* Ann Arbor and Detroit, Oct. 10-11. Sec., Mrs. Anne Baker, 116 Stevens T. Mason Bldg., W. Michigan Ave., Lansing 15.

TEXAS: *Examination.* Oct. 13-14. Certificates issued by reciprocity and waiver on the first and fifteenth of each month. Sec., Bro. Raphael Wilson, 407 Perry-Brooks Bldg., Austin.

WISCONSIN: *Examination.* Milwaukee, Dec. 6. Sec., Dr. W. H. Barber, 621 Ransom St., Ripon.

*Basic Science Certificate required.

DEATHS

Allen, Stephen Alex Ⓜ Freeport, Ill.; Illinois Medical College, Chicago, 1904; served on the staffs of the Home Hospital and Community General Hospital in Sterling; died in St. Francis Hospital Aug. 9, aged 86, of coronary disease.

Allen, William Thomas, Alturas, Fla.; Chattanooga (Tenn.) Medical College, 1909; practiced in Panama City; died Aug. 6, aged 74.

Barker, Reuben Allen Ⓜ Alton, Ill.; University of Virginia Department of Medicine, Charlottesville, 1917; served in the regular Navy and during World War I; associated with Wood River Township Hospital in Wood River, St. Joseph's Hospital, and the Alton Memorial Hospital, where he died Aug. 6, aged 69, of cardiovascular accident.

Blood, Wilkie Hooper Ⓜ Salt Lake City; Columbia University College of Physicians and Surgeons, New York City, 1917; associated with Latter-Day Saints Hospital; died Aug. 7, aged 73.

Burstein, Harry Ⓜ Kansas City, Mo.; University of Illinois College of Medicine, Chicago, 1932; service member of the American Medical Association; at one time served with the Indian Service; veteran of World War I; worked in the adjudication division of the Veterans Administration regional office; died Aug. 10, aged 60, of coronary thrombosis.

Cardinale, Pasquale F. Ⓜ Elizabeth, N. J.; University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore, 1925; died near Browns Mills Aug. 11, aged 59.

Chandler, Ada B., Pardeeville, Wis.; Northwestern University Woman's Medical School, Chicago, 1895; died Aug. 3, aged 90, of pulmonary edema and left ventricular failure.

Clarke, Anna Calista, Scranton, Pa.; University of Michigan Homeopathic Medical School, Ann Arbor, 1890; served on the staff of the Hahnemann Hospital; an associate member of the American Medical Association; her achievements in the medical field won for her a "Distinguished Daughter of Pennsylvania" citation in 1954; died Aug. 19, aged 89.

Coover, Donald Bruce Ⓜ Littlestown, Pa.; University of Pennsylvania School of Medicine, Philadelphia, 1917; veteran of World War I; died in the Annie M. Warner Hospital, Gettysburg, July 31, aged 65, of cancer of the lung.

Ⓜ Indicates Member of the American Medical Association.

Cunningham, James Hay, Philadelphia; Medico-Chirurgical College of Philadelphia, 1903; died Aug. 12, aged 77.

Cutler, George David, Brookline, Mass.; Harvard Medical School, Boston, 1910; member of the founders group of the American Board of Surgery; at various times served on the faculty of his alma mater and Tufts College Medical School; emeritus associate surgeon at the Children's Hospital in Boston and consultant to staff and executive director of Milton (Mass.) Hospital; member of the board of directors, Boston Medical Milk Commission; died at his summer home in Hyannisport, Aug. 1, aged 73.

Danell, Karl August Ⓜ Glendale, Ariz.; College of Physicians and Surgeons of Chicago, School of Medicine of the University of Illinois, 1904; also an ordained minister; member of the Illinois State Medical Society; at one time practiced in Chicago; died in the John C. Lincoln Hospital, Phoenix, Aug. 17, aged 92, of dissecting aneurysm and nephritis.

de Lappe, Guerne Wilson Ⓜ Modesto, Calif.; University of California School of Medicine, San Francisco, 1945; received the gold headed cane from his alma mater for distinguished academic achievement; served as president of the Stanislaus County Medical Society and the Stanislaus County Heart Association, of which he was founder; at one time served in the U. S. Naval Reserve; associated with Modesto City Hospital, Memorial Hospital, and Stanislaus County Hospital; died Aug. 8, aged 36, of a self-inflicted gunshot wound in the chest.

Denniston, Frank Ⓜ Fort Lauderdale, Fla.; Cornell University Medical College, New York City, 1909; past-president of the Broward County Medical Society; died in Hamburg, Germany, Aug. 18, aged 72.

Dillon, Carl Joseph Ⓜ Newark, Ohio; Starling Medical College, Columbus, 1907; past-president of the Licking County Medical Society; associated with the Newark Hospital, where he died July 30, aged 75.

Dolan, Paul Egan Ⓜ Livermore, Calif.; Oakland College of Medicine and Surgery, 1914; at one time city health officer; a member of the medical staff, University of California Radiation Laboratory; past-president of the Alameda County Fair Board and the Livermore Chamber of Commerce; founder of St. Paul's Hospital; died in Oakland, Aug. 10, aged 70.

Edelen, James Joseph, West Orange, N. J.; University of Maryland School of Medicine, Baltimore, 1911; an associate member of the American Medical Association; police surgeon of East Orange; on the staffs of the East Orange (N. J.) General Hospital and St. Mary's Hospital in Orange; died Aug. 5, aged 69, of coronary occlusion.

English, Martin Joseph ® Boston; born May 21, 1882; Harvard Medical School, Boston, 1907; served on the faculty of his alma mater and of Tufts College Medical School; professor emeritus of pediatrics at Boston University School of Medicine; veteran of World War I; school physician; in 1943 Holy Cross College in Worcester honored him by conferring the honorary degree of doctor of science; served as chief of pediatric services at Whidden Memorial Hospital in Everett, Mass., St. Elizabeth's and St. Margaret's hospitals, and the Boston City Hospital, where he was for many years member and past-president of the board of trustees, and where he died Aug. 8, aged 76.

Evans, William Powell, White Plains, N. Y.; Jefferson Medical College of Philadelphia, 1906; an associate member of the American Medical Association; veteran of World War I; consultant physician, St. Agnes Hospital, where he died Aug. 16, aged 75, of cancer of the stomach.

Falk, Alfred, Great Neck, N. Y.; Ludwig–Maximilians–Universität Medizinische Fakultät, München, Bavaria, Germany, 1901; an associate member of the American Medical Association; served on the staff of the New York Polyclinic Medical School and Hospital in New York City, North Shore Hospital, and the Manhasset Medical Center; died Aug. 17, aged 80, of an embolus of the abdominal aorta.

Fischer, Oscar Gustav, Berwyn, Ill.; College of Physicians and Surgeons of Chicago, School of Medicine of the University of Illinois, 1903; member of the staff of St. Anthony's Hospital in Chicago; died Aug. 17, aged 77, of arteriosclerotic heart disease.

Fliedner, Giordano Bruno, Cleveland; Western Reserve University Medical Department, Cleveland, 1910; veteran of World War I; a long time member of the staff of Fairview Park Hospital; died Aug. 2, aged 71.

French, William Joseph, Annapolis, Md.; born Oct. 13, 1878; George Washington University School of Medicine, Washington, D. C., 1905; member of the Medical and Chirurgical Faculty of Maryland, World Health Organization, and the American Public Health Association; served as director of the Anne Arundel County Health Department and as health officer of Howard County; in 1918 went to France as a pediatrician for the American Red Cross and his medical work was recognized by the French government by the presentation of the Legion of Honor, Chevalier Grade, and the Reconnaissance Francaise; following his Paris assignment, served as director of the Delaware Child Welfare Committee; in 1923, the Commonwealth Fund of New York City appointed him director of its Child Health Demonstration in Fargo, N. D., where he remained for three years; in 1925 became director of the Commonwealth Fund in Austria, where his work won for him the Austrian Gold Medal of Honor; on his return he was named director of the division of public health of the Commonwealth Fund in New York City, holding this position until his resignation in March 1931; died in the Johns Hopkins Hospital, Baltimore, Aug. 3, aged 79.

Gardner, Charlotte Bell, Cumberland, Md.; Woman's Medical College of Pennsylvania, Philadelphia, 1899; an associate member of the American Medical Association; for many years secretary of the Allegany–Garrett Counties Medical Society; died in the Memorial Hospital Aug. 18, aged 86, of fracture of the hip, arteriosclerosis, and uremia.

Greenwald, Jesse, West Islip, N. Y.; New York Medical College, Flower and Fifth Avenue Hospitals, New York City, 1951; member of the Medical Society of the State of New York; certified by the National Board of Medical Examiners; interned at the Queens General Hospital in Jamaica and served a residency at the Goldwater Memorial Hospital in New York City; veteran of World War II; on the associate staff of the South Side Hospital in Bay Shore, where he died Aug. 4, aged 40, of myocardial infarction and acute cholecystitis.

Hardenbergh, Leroy Thorne ® Greenwood, N. Y.; Syracuse University College of Medicine, 1925; served as school examiner and health officer for many years; veteran of World War I; on the staffs of St. James Mercy and Bethesda hospitals in Hornell; died suddenly Aug. 8, aged 62, of arteriosclerotic heart disease.

Rubin, Lionel Charles, New York City; born in Boston Aug. 4, 1905; Harvard Medical School, Boston, 1930; member of the Medical Society of the State of New York and the American Academy of Dermatology and Syphilology; specialist certified by the American Board of Dermatology and Syphilology; associate clinical professor of dermatology and syphilology at New York University College of Medicine and New York Post-Graduate Medical School; veteran of World War II; associate attending dermatologist, dispensary service, New York Skin and Cancer Hospital; associate attending dermatologist and syphilologist, University Hospital (New York University–Bellevue Medical Center); consultant at the Veterans Administration Hospital; died Aug. 6, aged 53, of a heart attack.

FOREIGN LETTERS

BRAZIL

Ophthalmoscopic Examination During Pregnancy.—Dr. T. P. Nogueira (*Revista de gynecologia e d'obstetricia of Rio de Janeiro*, April, 1958) studied the eyegrounds in 300 pregnant women. Such an examination is especially important in the pregnant woman with hypertension. The prognosis is good for the patients who have no changes in the eyegrounds in spite of slightly elevated arterial pressure, edema of the legs, and albuminuria in the last three months of pregnancy. Usually these symptoms disappear with adequate treatment. About 62% of the pregnant women with hypertension had hypertensive retinosis and vascular disease prior to pregnancy. Stillbirth was more common in the group with hypertensive disease prior to pregnancy than in those who suffered from preeclampsia or uncomplicated eclampsia. Prematurity was more common in the hypertensive than in the normotensive group. Both the maternal and fetal prognosis were bad when the mother had hypertensive retinopathy.

Maternal Mortality.—In the May issue of the same journal, Dr. Fabio Goffi presented a study of maternal mortality based on data recorded in the São Paulo Health Department. In the last 20 years the maternal death rate in the county of São Paulo decreased significantly. The maternal mortality per 1,000 deliveries reached 5.8 in 1936 and dropped to 1.5 in 1955. The author suggested that (1) there should be greater accuracy of the medical data in the death certificates, (2) an autopsy be required when the cause of death is in doubt, (3) the welfare department instruct official and private agencies in the proper way to handle cases needing medical supervision and hospitalization, (4) the obstetrical training of doctors and auxiliary personnel be improved, (5) more maternity beds be provided, (6) health education concerning prenatal care be given to expectant mothers, (7) a campaign against criminal abortion be undertaken, (8) adequate social assistance to expectant mothers be provided, and (9) the social condition of lower classes be improved.

DENMARK

General Practitioner and Hospital Physician Change Places.—Dr. H. J. Svendsen, a general practitioner of 14 years standing in a rural district, and Dr. E. K. Leth, who is on the permanent staff of a general hospital, agreed to swap jobs for a month. They prepared themselves for this venture by several meetings at which they initiated each other into the respective mysteries of their jobs. Both emerged from the experience with enhanced respect for each other's calling. In *Yngre læger* for July 17, Svendsen tells how restful it was to have regular hours of work and after a busy day to subside into a chair feeling free to read, meditate, or take a nap without fear of the telephone or a knock on the door. Modern narcosis was all new to him, and he reveled in enhancing his knowledge of minor surgery and in learning how to knot a suture with a needle-holder without using his fingers. Taking down case histories, with the round next morning of the chief in mind, was a bit strenuous at first. He also learned that palpation of the breasts was just as important as stethoscopic examination of the heart and lungs. His sympathy was enlisted for the hospital physician who waxes indignant over patients with furunculosis sent to hospital as acute emergencies. He added rather ruefully that his general practice patients did not seem to appreciate his efforts to bring his knowledge of medicine up to date by this exchange as much as he did.

Dr. Leth in his turn rejoiced over what he had learned by plunging into a country practice. The value of the experiment was enhanced by the conferences he held once or twice a week with Dr. Svendsen to exchange notes. His greatest gain was the result he acquired for a well-organized practice under primitive conditions. The best part of the experience was visiting patients in their homes, but it was difficult to diagnose and treat without x-ray and laboratory support. Another problem was the choice of drugs, with an eye not only on their efficacy but also on their cost.

Tetanus.—Two articles in *Nordisk medicin* for July 24 indicate that Denmark continues to be troubled by tetanus in spite of advances in its prevention. The first comes from Dr. Poul Riis who found that 10 of the 88 nonneonatal cases of tetanus admitted to hospital were due to infection of chronic ulcers of the legs. Apparently chronic varicose ulcers have become more frequent causes of tetanus in recent years, for a study in 1912 showed 313 nonneonatal cases to include only 10 in which chronic leg ulcers were to blame, and another study in 1945 yielded 15 such cases in 527 observed in the 10-year period 1932-1941. Riis suggested that the

The items in these letters are contributed by regular correspondents in the various foreign countries.

relative scarcity of such cases now may reflect the growing efficiency with which tetanus prophylaxis is carried out. He concluded that, even so, it would be well to immunize patients with chronic leg ulcers against tetanus as a routine measure. In another article, Andersen and Kjaer reported two patients with moderately severe tetanus successfully treated with meprobamate. They urged the admission of such patients to hospitals with special knowledge of the disease and equipment to treat it.

Salmonellosis.—Röjel and Bang in *Ugeskrift for læger* for July 24 reported an explosive outbreak of acute gastroenteritis that involved 46 patients and 59 members of the staff of a provincial hospital in November, 1956. It killed two of the patients and necessitated the admission of 25 of the staff to hospital. Among the suspected articles of food was a mayonnaise of which all had partaken and which was found to contain 100,000 Salmonella typhimurium per milliliter. The incubation period ranged from 12 to 40 (average 24) hours. Most of the patients had a high fever which subsided after a couple of days. The duration of fever was much the same whether the temperature was high or moderate. It lasted less than 6 days in 19 patients, and in 6 it lasted 7 to 11 days. Apart from the two deaths there were no complications, but it was remarkable how ineffective the antibiotics penicillin, chloramphenicol, and oxytetracycline given singly or combined were.

Traffic Accidents.—Several original articles in *Ugeskrift for læger* for July 3 were about traffic accidents. The first dealt with the five-year period 1947-1951 when over 30,000 persons were admitted to hospital for acute traumatic brain lesions, with a mortality of 4.1%. The accidents responsible for these lesions were classified according to whether they were due to traffic or not, the traffic accidents in their turn being classified according to whether they were due to bicycles, motor cars, motorcycles, etc. Here the bicycles came first, the motor cars second, and the motorcycles third, with the horse far down on the list. The second article dealt with two five-year periods, 1947-1951 and 1952-1956. The number of acute traumatic brain lesions treated in the neurosurgical departments of the hospitals in Copenhagen showed a marked rise even in this brief period. Another article was concerned with 691 deaths from traffic accidents in 1955. In only 182 of these was a legal autopsy performed. It showed that 36% of the patients who were dead on arrival presented signs of aspiration of blood, mucus, or gastric contents into the respiratory passages, whereas this was the case with only 28% of those who were alive on admission and who died later. This indicates the necessity for keeping the respiratory passage clear during transport.

INDIA

Environmental Sanitation.—According to a report in *Antiseptic* (June, 1958), the National Water Supply and Sanitation program inaugurated by the government in 1954 envisaged the provision of a safe water supply and adequate drainage arrangements for the entire country in the course of a few years. The program comprises giving technical and financial assistance and supplies of materials and equipment imported from abroad to the various state governments. During the first Five-year Plan period, 196 water supply schemes and 58 drainage schemes were initiated. About 30% of the funds available were set aside for rural and the rest for urban schemes; 258 urban and 134 rural schemes are now in various stages of development.

In the last 10 years, great stress has been laid on the creation of a suitable organization both at state and federal levels for planning and executing public health engineering works, and a Central Public Health Engineering Organization has been set up, to which five consultants from the United States are attached. The training of engineers and auxiliary personnel in public health engineering has come into prominence during this period, and the health ministry has given an added impetus to this aspect of the program by providing about a million dollars in the second plan. Under this program, since the beginning of the second plan, 200 candidates sponsored by the state governments have been trained at the All-India Institute of Hygiene and Public Health, Calcutta, at the Engineering College, Madras, and at the Delhi Water Works. The Indian Council of Medical Research has also stimulated research in the field of environmental sanitation, and a number of field research projects have been set up under its auspices. International agencies helped to establish field research projects.

Prednisone in Diphtheritic Laryngeal Obstruction.—Sami and Sinha (*Indian Journal of Pediatrics*, vol. 25, April, 1958) used prednisone to treat laryngeal diphtheria with obstruction. The main problems in laryngeal diphtheria are mechanical obstruction to the airway and the high degree of toxemia. Tracheotomy performed to overcome the obstruction is associated with serious hazards. As prednisone is more potent than cortisone and has far less side-effects, the authors tried it in such patients with encouraging results. For prednisone to be of benefit, however, survival for 12 to 18 hours is necessary. In severely ill patients with marked cyanosis and other signs of acute laryngeal obstruction, tracheotomy must be resorted to.

In the authors' series, 12 patients with laryngeal diphtheria with varying degrees of obstruction were treated with prednisone, and the results were compared with another group of 12 who did not receive

prednisone. Both groups received such other treatment as antidiphtheritic serum and antibiotics. All those receiving prednisone were relieved of laryngeal obstruction without requiring tracheotomy. One patient in this group died of heart failure on the fourth day of treatment. In the control group there were three deaths, and tracheotomy had to be performed in four. On an average, the numbers of hours required for clinical improvement were 14 and 41, respectively, and the numbers of days for complete disappearance of signs of laryngeal obstruction were 2.5 and 4.5 respectively. The length of stay in hospital was six days less in patients receiving prednisone. Thus, on the whole, the results have been promising.

Utilization of Dextrose and Levulose.—Bhattacharya and Chakrabarti (*Indian Medical Forum*, vol. 9, April, 1958) stated that the administration of dextrose is widely practiced in various diseases to supply the need for carbohydrates. Levulose has been known to be a better glycogen than dextrose, and the authors made a comparative study of the utilization of levulose and dextrose in health and in acute and chronic disease. Intravenous was preferred to oral administration. As controls, 21 subjects were selected from the students and staff of a medical college. The rest of the series included 15 patients with cirrhosis of liver, 7 with diabetes, 10 with malnutrition, 10 with enteric fever, and 10 with meningitis. All were given 1 Gm. of dextrose or levulose per kilogram of body weight intravenously in 25% solution. Blood samples were collected for estimating the blood sugar level before and 15, 30, 45, 60, and 90 minutes after injection. In both normal conditions and in acute febrile and chronic afebrile diseases the utilization of levulose was better than that of dextrose. The utilization of dextrose requires the integrity of liver cells and the presence of insulin, and when these are disturbed utilization of dextrose is less than that of levulose. The utilization of the latter does not depend on the insulin level of blood. The authors therefore recommended giving levulose rather than dextrose in the various diseases where carbohydrate administration is indicated.

SWEDEN

BCG Vaccination.—Now that BCG vaccination has been practiced in Sweden for about 30 years, some general rules may be laid down for the selection of subjects to be vaccinated. To this end the Swedish Association of Lung Physicians (*Svenska läkartidningen* [May 16] 1958) issued a memorandum. Here it is pointed out that exposure to infection with tuberculosis is now so rare that even in such a densely populated area as Stockholm only about 1% of the children reaching school age become spontaneously tuberculin-positive. On the other hand there are still 4,000 to 5,000 patients with op n tuberculosis on the register, and between 5,000 and 6,000 new cases of tuberculosis are reported yearly. BCG vaccination should therefore be continued in infancy, especially since it does not require preliminary tuberculin testing in this group. Only when the child lives in a tuberculous environment is it necessary to follow up BCG vaccination with tuberculin testing. Children found still to be tuberculin-negative between the ages of 10 and 11 should be vaccinated. Young tuberculin-negative men should be vaccinated before being drafted for military service; but for young women of the same age there is not the same machinery available for such vaccination, which should therefore be provided in advanced schools for girls. Consistent BCG vaccination should continue to be provided for certain special groups, such as seamen, employees in medical services, and persons living in a tuberculous environment.

Palfium.—Palfium (2,2-diphenyl-3-methyl-4-morpholino-butyl-pyrrolidine) is the subject of a symposium in *Svenska läkartidningen* for May 16 and 23. Dr. Bengt Fries used it on 198 surgical patients, of whom 36 underwent stomach resection. His favorable opinion of its analgesic effects was the more impressive from the observation that it was as effective when given by mouth as when injected parenterally. Dr. O. Almersjö used it to treat 38 patients, including 32 with cancer. Severe side-effects were rare, but mild side-effects were numerous. His verdict was, on the whole, favorable. Dr. S. Nordvall found the drug useful in obstetrics.

Lesions of Common Bile Duct.—Hellström and Rosenqvist reported that extrahepatic lesions may be inflicted in the course of operations for gallstones in about 1% of such operations (*Nordisk medicin*, July 3, 1958). They reviewed a series of 21,530 operations for gallstones performed in various Swedish hospitals in 1956. In 43 patients supplementary operations had to be performed for lesions of the bile ducts, and in 35 for strictures thereof. Since 1940 in the Karolinska Hospital in Stockholm 37 patients in whom severe damage had been inflicted on the bile ducts have been treated. Ten of these died and among the survivors six suffered from cirrhosis of the liver. In many patients several supplementary operations were performed (seven in one patient). Features common to many of these patients were physique, age, and sex (young women of fragile build, the type supposed to be good surgical risks). They appeared to possess anatomic features misleading the surgeon if he was not on his guard against anomalies of the extrahepatic passages. To nip operative blun-

ders in the bud, the Karolinska Hospital provides the junior members of its staff with a brochure setting forth the anatomic variations to be found in this area, and the most common causes of operative mishaps and how to prevent or treat them. Their likelihood could be reduced by biligraphy before and by cholangiography during operation.

UNITED KINGDOM

Methemoglobinemia in Infants.—At a meeting in London of the nutrition panel of the Society of Chemical Industry, Mr. A. Williams gave an explanation of the methemoglobinemia sometimes seen in infants. Work done by a colleague showed that until a baby is about 6 weeks old it does not produce sufficient gastric hydrochloric acid to inhibit the growth of nitrate-reducing bacteria in the stomach. Nitrate can thus be reduced to nitrite which, when absorbed, causes methemoglobinemia. Tap water is consumed in relatively large quantities by bottle-fed babies given reconstituted milk, and as little as 30 ppm of nitric nitrogen in the water supply is potentially harmful to infants because of its possible conversion to nitrite in the body.

Proposed Restriction on Prescribing.—When the National Health Service was introduced, physicians were promised freedom to prescribe any drug that they thought necessary for the treatment of the patient. The government is now considering putting some restriction on prescribing because of the mounting costs of the nation's drug bill, which accounts for about 10% of the expenditure on the health service. Last year's prescription costs rose 11.2 million dollars, although their number fell by 10%. This measure is sure to be opposed by the British Medical Association which will uphold the right of the physician to prescribe the drugs he thinks are necessary. It has been suggested that a list of drugs available free of charge should be drawn up. This list, which would include pharmacopeial and proprietary drugs of clinical value, would be kept constantly up to date. It would exclude expensive preparations and those not proved to be of value. These would have to be paid for by the patient. Another suggestion was that physicians should be fined for excessive prescribing. The problem of where to draw the line would surely prove troublesome. The increased cost of prescriptions is under investigation by the Hinchcliffe Committee, and it is unlikely that any action will be taken until the committee makes its final report.

Death After Poliomyelitis Inoculation.—A verdict of death from misadventure was returned by the Manchester coroner on a girl, aged 2, who had been given two injections of Salk poliomyelitis vaccine with an interval of eight days between the injections. The child died three days later after bumping her head severely. The pathologist did not connect the injections of vaccine with the child's death because of the time relationship to the fatal illness and because of the absence of a similar incident in other children injected with the same batch of vaccine. There was no sign of injury, but the brain and spinal cord showed acute signs of poliomyelitis infection. The coroner said that he thought there was a strong possibility that the child's death was connected with the second injection of vaccine. A Ministry of Health physician said that vaccination did not guarantee complete protection against the disease. Between the beginning of the vaccination program in 1956 and the present, there have been 35 cases in which poliomyelitis developed within 30 days of inoculation, and with two exceptions these were in children. In the same period over 6 million children in Britain received two injections of the vaccine.

Intradermal and Oral Administration of Poliomyelitis Vaccine.—Intradermal vaccination with formalinized poliomyelitis vaccine has been used for three years in Denmark, where about 91% of the population between the ages of 9 months and 40 years has been vaccinated by this route. As only a third of the quantity of vaccine is needed for intradermal vaccination, this method if effective would result in great saving of vaccine, which is still in short supply. Connolly and co-workers compared the efficiency of intradermal poliomyelitis vaccination with the usual intramuscular method (*Lancet* 2:333, 1958); 52 children under the age of 5, the age group most susceptible to paralytic poliomyelitis, were given two intradermal doses of formalinized poliomyelitis vaccine and the antibody response compared with that of children vaccinated intramuscularly. Intradermal vaccination was found to be unsatisfactory for primary vaccination in children initially devoid of antibody to all three poliovirus types. Most children who possessed naturally acquired antibody showed a booster response. The intradermal method does not increase the efficiency of the antibody response sufficiently to permit reduction in the quantity of vaccine without sacrificing the effect in people who require more than minute quantities to produce an antibody response. In the absence of a more potent vaccine, the intradermal method has little to commend it for primary vaccination.

A test of antibody response was also made in children after two oral doses of formalinized poliomyelitis vaccine. The antibody response was poor and this route was not recommended, although the authors admitted that a better response might be obtained by using a larger dose or a more potent vaccine.

CORRESPONDENCE

USE OF CARBON TETRACHLORIDE BY HAIRDRESSERS

To the Editor:—In recent months, two persons have been encountered with symptoms, signs, and laboratory data characteristic of carbon tetrachloride intoxication. Both patients were professional hairdressers employed in motion picture and television production. Although one acknowledged having used carbon tetrachloride to remove house paint splattered on his skin during a "do-it-yourself" project, both admitted its regular use in the course of their daily work.

Inquiries revealed that this substance is used frequently by many theatrical makeup artists and hairdressers, especially those who work with wigs. It is used by the former, and by actors and actresses who do not have professional assistance, chiefly to remove the spirit gum adhesive used in applying such "prostheses" as false noses, ears, mustaches, beards, and eyebrows. Hairdressers rub a cloth or cotton wad saturated with carbon tetrachloride over the hair to remove any oily or dusty films that appear to diminish its luster under the theatrical lights. This is done most frequently in preparing a theatrical wig for use, but on occasion it is applied while the wig is being worn or even when grooming an actress' own hair.

Some nontheatrical hairdressers also use carbon tetrachloride, although much less frequently, to remove from hair about to be tinted any oily film that might cause uneven absorption of the dye. Carbon tetrachloride is an ingredient of certain "dry shampoos."

The toxic potentialities of carbon tetrachloride and the rather marked variation in individual susceptibility to its effects are well known. It has been amply demonstrated that its toxicity is considerably enhanced by dietary irregularities and ingestion of alcohol, both of which are not rare in theatrical circles. The application of this material to the face and about the head facilitates inhalation of its vapor and presents obvious dangers to the subject as well as to the hairdresser himself.

Less toxic agents should be substituted for carbon tetrachloride used in this way, and patients presenting the vague signs and symptoms characteristic of mild or chronic carbon tetrachloride intoxication should be interrogated about the possibility of exposure in this manner.

LEON J. WARSHAW, M.D.
Paramount Pictures Corporation
1501 Broadway
New York 36.

MEDICAL FILM REVIEWS

Cystectomy for Ovarian Dermoids: 16 mm., color, sound, showing time 25 minutes. Prepared in 1958 by Phil C. Schreier, M.D., and Albert M. Alexander, M.D., Memphis, Tenn. Procurable on loan from Phil C. Schreier, M.D., University of Tennessee, 894 Madison Ave., Memphis 3, Tenn.

This film emphasizes that with virtually all ovarian dermoids the tumor can be resected and the ovary preserved. Also, it is emphasized that the ovarian capsule over the tumor may have primordial follicles in it. In other words, no matter how thinned out the ovary may seem to be, there has been no loss of ovarian substance, and as much as possible of this thin capsule should be preserved. The film shows resection of several cysts, one in a girl who otherwise would have been desexed at an early age had it not been possible to resect the tumor. Another patient had a cesarean section a year or more after cysts had been resected from each of her ovaries. It was thus possible for the film to show the appearance of these ovaries after resection. The sound is good, and the color is excellent. This film is unreservedly recommended to any audience concerned with gynecologic surgery and could also be shown with profit to medical students and perhaps to nurses.

For the Love of Life: 16 mm., color, sound, showing time 13 minutes. Produced in 1957 by Atlas Film Corporation, Oak Park, Ill., through a grant from the American City Bureau. Procurable on rental ($5.00) or purchase ($100) from American Hospital Association, 18 E. Division St., Chicago 10.

The purpose of this film is to present the hospital to the community and show its function and operation within that community. It gives the public an idea of the various departments and the work involved and the people needed and employed to do this work. In a short period, it covers graphically the scope of various surveys and makes it clear to the community why the hospital is such a complex operation and needs its support. It is recommended for lay groups, such as civic groups and service organizations, and also could be used by members of the medical profession when they are asked to participate in a fund raising campaign. To a lesser extent, the film could also be used for recruiting hospital personnel.

MEDICAL LITERATURE ABSTRACTS

INTERNAL MEDICINE

The "Sitosterols": Variability of Serum Cholesterol Levels and Difficulty of Evaluating Decholesterolizing Agents. A. H. Levere, R. C. Bozian, G. Craft and others. Metabolism 7:338-348 (July, pt. 1) 1958 [New York].

The authors discuss factors in the use of plant sterols as a means of lowering human serum cholesterol levels, which may be responsible for contradictory reports on the basis of studies on 25 patients who were followed up without therapy for from 9 to 23 months. All the patients had coronary artery disease, with and without hypercholesterolemia, and were without clinical or laboratory evidence of diabetes mellitus, nephrosis, biliary cirrhosis, hypothyroidism, or familial hyperlipemia. The patients were from the cardiac clinic of the 4th medical division (New York University) of Bellevue Hospital Center, New York. They were 50 to 75 years of age, ambulatory, and lived relatively simple, routine, and sedentary lives. Dietary histories were taken, and it was found that the food consumed was relatively constant, although it was not controlled by the authors. These patients were seen at 2-to-4-week intervals. Nine of the 25 patients, after a control period of 9 to 22 months, then received daily 15 to 25 Gm. of sitosterols, divided into 3 equal portions and taken immediately before meals for 9 to 30 weeks. Seven other patients, without the long control period, received sitosterols in similar fashion and in comparable amounts. The serum cholesterol levels were determined in true duplicate by the Schoenheimer-Sperry technique, as modified by Sperry and further modified by the authors.

In commenting on the results that are recorded in tables, the authors point out that the percentage variation from the mean among hypercholesterolemic patients was as great as +39 to −33%. Even in the normocholesterolemic group, the patients studied exhibited wide deviations. It was also found that, for long periods of time (4 to 6 months), the serum cholesterol values might be relatively stable and vary only within narrow limits. The mean values for these stable periods were often significantly different from the mean for the entire control period. The data on the 9 patients with prolonged control periods showed that there had been a decrease in the mean cholesterol value for the treatment period as compared with the mean for the entire control period in 7 of the 9 patients. However, this is more apparent than real if one considers the wide variation in values which produced these means. The magnitude of fluctuations appears to increase with the degree of hypercholesterolemia. The fluctuations complicate the interpretation of studies of serum cholesterol-lowering agents, even when control periods are more than 1 year in duration. Results ascribed to therapy must be clearly beyond the variations present without therapy. Infrared spectrums and melting point determinations indicate that the present sitosterol preparations are not identical, either chemically or physically. Studies, during which soybean-oil and tall-oil sitosterols were given to patients with coronary artery disease, with and without hypercholesterolemia, resulted in no decrease in serum cholesterol levels that could confidently be attributed to medication.

Chickenpox and Its Repercussion on Immunology in Primary Infection with Tuberculosis. P. de Vilhena Moraes. Rev. Hosp. clín. 13:225-228 (May-June) 1958 (In Portuguese) [São Paulo, Brazil].

Thirty-four children with pulmonary tuberculosis hospitalized at the Hospital Infantil of São Paulo were observed during an epidemic of chickenpox. The patients were between the ages of 10 months and 4 years except 2 who were 11 and 12 years old. The patients had been under treatment with streptomycin and isoniazid for a period varying from 2 weeks to 6 months when chickenpox developed. The treatment was continued without interruption during the course of development and after the control of the chickenpox. Roentgenologic examination of the chest was made before, during, and after the course of the chickenpox and at intervals of 1 or 2 months after the patient's recovery. The Mantoux reaction, elicited by an intradermal injection of 0.10 cc. of a 1:1,000 gross tuberculin solution recently prepared, was used for determination of skin sensitivity. The results of the test were compared with those obtained at the start of anti-

The place of publication of the periodicals appears in brackets preceding each abstract.

Periodicals on file in the Library of the American Medical Association may be borrowed by members of the Association or its student organization and by individuals in continental United States or Canada who subscribe to its scientific periodicals. Requests for periodicals should be addressed "Library, American Medical Association." Periodical files cover 1949 to date only, and no photoduplication services are available. No charge is made to members, but the fee for others is 15 cents in stamps for each item. Only three periodicals may be borrowed at one time, and they must not be kept longer than five days. Periodicals published by the American Medical Association are not available for lending but can be supplied on purchase order. Reprints as a rule are the property of authors and can be obtained for permanent possession only from them.

tuberculous treatment on hospitalization of the patient, during the course of the chickenpox, and 1 month after the patient had recovered from the latter illness. The author draws the following conclusions: 1. Chickenpox does not produce roentgenray nontuberculous shadows in the lung or aggravation of tubercular pulmonary lesions when the lesions are in the stage of regression under the effect of antituberculous treatment. 2. The changes in skin sensitivity to tuberculin during the course of chickenpox are insignificant. They are manifested only by a a lowering of the threshold of skin sensitivity. 3. Chickenpox does not produce changes in the immunology in patients with pulmonary tuberculosis under antituberculous treatment. The changes in skin sensitivity to tuberculin are due to a local reaction of the skin capillaries, which is present in only some patients with pulmonary tuberculosis (50% of those observed by the author).

Hypogammaglobulinemia and Bronchiectasis. F. De Meulemeester. Nederl. tijdschr. geneesk. **102:** 1076-1080 (June 7) 1958 (In Dutch) [Amsterdam].

The author presents the history of a 12-year-old boy who in November, 1956, was hospitalized with acute enteritis. Shortly before that he had had an attack of pneumonia on the left lung, and roentgenoscopy still revealed a large patch of infiltration. Despite treatment with antibiotics it required several months before the boy showed improvement. In the meantime bronchiectasis had developed in the bronchus of the lower lobe. Several months later the patient was again admitted because of a pulmonary infection. The serum protein values were studied with the aid of paper electrophoresis, and on the basis of the results the patient was given 2 blood transfusions, after which the serum protein picture showed improvement. The author discusses the importance of the gamma globulins in the formation of antibodies. Reviewing the literature on hypogammaglobulinemia, he points out that 70 cases have been reported since 1952. Four different types of hypogammaglobulinemia have been differentiated: (1) congenital hypogammaglobulinemia; (2) acquired hypogammaglobulinemia; (3) secondary hypogammaglobulinemia; and (4) physiological (temporary) hypogammaglobulinemia.

The symptomatology of hypogammaglobulinemia is characterized by recurrent infections, such as pneumonia, meningitis, sepsis, otitis media, chronic otitis, bronchiectasis, sinusitis, bronchitis, arthritis, conjunctivitis, pyelitis, cystitis, and enteritis. Bronchiectasis has been observed in 17% of all reported cases with hypogammaglobulinemia. In addition to paper electrophoresis several other tests prove helpful in the diagnosis. To ascertain the etiology, gamma globulin labeled with a radioactive isotope has been injected, and it has been found that the problem is not premature breakdown but rather inadequate synthesis of the gamma globulin. Treatment consists in the intravenous administration of gamma globulin at definite intervals. Occasional blood transfusion may have the same effect.

Importance of Intravenous Injection of Diphtheria Antiserum. A. Tasman, J. E. Minkenhof, H. H. Vink and others. Lancet **1:**1299-1304 (June 21) 1958 [London].

When diphtheria is suspected, the patient ought to be injected with antidiphtheritic serum without delay. It is indefensible to wait until the result of the bacteriological examination is known. The bacteriological diagnosis should only confirm the bedside diagnosis. It is generally deemed advisable to inject antiserum intramuscularly and to resort to intravenous injection in severe cases only. It has been shown that the saliva of diphtheria patients usually contains diphtheria toxin. When purified diphtheria antiserum is injected intramuscularly, the antitoxin is sooner or later excreted in the saliva via the salivary glands and will then neutralize this toxin. (Actively immunized persons do not excrete the [homologous] antitoxin in their blood through the salivary glands.) The authors thought it worth while to investigate this excretion of antitoxin through the salivary glands more closely and to determine whether there were any differences in this respect between patients injected intramuscularly and those injected intravenously. The saliva of patients was tested for antitoxin at various times after either intramuscular or intravenous injection of purified diphtheria antiserum.

It was found that the intravenously injected antitoxin immediately brings the patient's serum "up to titer," whereas absorption of the intramuscularly injected antitoxin is slow, usually not being complete until after 4 and sometimes 6 days. Intravenously injected antitoxin is not excreted more rapidly than intramuscularly injected antitoxin. Very shortly after the intravenous injection of antitoxin a small portion of it is excreted through the salivary glands into the saliva, which it renders atoxic. Consequently from this moment no more toxin will be absorbed from the saliva through the inflamed and damaged tonsils and wall of the pharynx.

The results of experiments on guinea pigs indicated that patients intravenously injected with antidiphtheritic serum may be expected to show fewer lesions of the heart (myocarditis and fatty degeneration), fewer postdiphtheritic paralyses, and a lower mortality than patients intramuscularly injected with antiserum. With due observance of the necessary precautions—e. g., a skin test for hypersensitivity (which must be negative)—diphtheria antitoxin should be injected not intramuscularly but intravenously whenever such an injection is required, even in mild cases of diphtheria.

THERAPEUTICS

The Pathology and Bacteriology of Resected Tuberculous Lung Lesions after Chemotherapy. D. J. Cotter, H. M. Foreman and R. M. E. Seal. Thorax 13:150-158 (June) 1958 [London].

A group of 218 representative patients admitted between November, 1955, and November, 1956, with tuberculosis varied in age from 19 months to 55 years. The duration of the disease ranged from 23 years to less than 1 year, but in the majority it was less than 3 years. The radiologic extent of the disease varied from the solitary lesion, 1 cm. and over in diameter, to bilateral cavitated disease. In 65% of the lesions acid-fast bacilli could be seen on direct examination, only 12% of them being culture positive. There were 12 calcified, 142 solid, and 86 pultaceous lesions, indicating that chemotherapy has little or no influence toward calcification, although the findings do suggest that with a longer period of chemotherapy lesions tend to solidify. Correlation of chemotherapy with the histology of the capsule revealed that those patients who had type A chemotherapy (initial continuous chemotherapy in recognized combinations for a minimum of 8 months) possessed collagenous capsules and that those who had received type D chemotherapy (good regimens but of less than 5 months' duration) or type C (regimens known to be ineffective in preventing the emergence of resistant organism) had cellular capsules only. The duration of disease was considered to be related to the type of capsule, as no lesions were found limited by an entirely acellular capsule when the disease was of more than 3 years' duration. There was a marked reduction in the percentage of lesions positive on culture with improving chemotherapy, only 1 of the 41 patients receiving type A chemotherapy being positive on culture. It is also evident that the quality of chemotherapy is as important as the duration. Type C chemotherapy which had an average duration approaching that of type A and a longer duration than that of type B yielded a higher percentage positive on film and culture. The development of resistance, which is usually associated with improper regimens, is an important factor in the failure of chemotherapy to cause lesions to become culture negative.

The percentage of positives on direct examination has been shown to have increased in proportion to the size of the lesion, as did culture positives. Analysis of the chemotherapy groups shows a similar trend. A correlation was disclosed between the consistency and the bacteriology of the lesion, the pultaceous lesions having the most direct, culture, and guinea pig positives. It is of note that, although 7 of the 12 calcified lesions were positive on direct examination, none was positive on culture, suggesting that patients with calcified lesions stand to benefit from chemotherapy. A relationship between the histology of the capsule and the bacteriology of the lesion was shown in that lesions limited by a cellular zone only were all culture positive, while those limited by collagen only were all culture negative, although 52% of the latter group were positive on direct examination. Proper chemotherapeutic regimens are credited with hastening the histological and bacteriological changes occuring naturally under favorable conditions, achieving in 1 year what in the unaided host requires 10 years. In the 93 patients known to have cavitated disease, cavity closure was attained in 80%, a result that is largely attributed to postural reduction rather than chemotherapy.

Tuberculosis in Joints and Tendon Sheaths Activated by Local Hydrocortisate Treatment. K. S. Jørgensen. Ugesk. læger 120:627-632 (May 15) 1958 (In Danish) [Copenhagen].

If after injection of hydrocortisate abnormal reactions develop, the possibility of tuberculous infection must be borne in mind, and repeated roentgenologic examinations and possibly joint biopsy are called for. Local hydrocortisate treatment holds extensive therapeutic possibilities, but the substance is extremely potent, and in case of latent tuberculosis there is the risk of activation and spread. Report is given of 2 cases of tuberculosis of the knee joint, 1 case of tuberculosis in the foot, and 1 in the synovial flexor sheath of the hand, in all of which a causal relation between the hydrocortisate injection and activation of an apparently latent tuberculous process was regarded as established. Two cases of tuberculosis of the knee joint, also described, were treated with hydrocortisate, but the diagnosis was made immediately and specific therapy applied before activation of the tuberculosis had taken place. Information about earlier pulmonary tuberculosis was available in only 1 of the 6 cases. The author emphasizes the importance of diagnostic examination of patients before injection of hydrocortisate. The diagnosis must often be based on roentgenologic examination and, in suspected cases, on aspiration and biopsy.

Endocrine Treatment of Carcinoma of Breast. A. E. Nogués. Medicina 17:255-268 (Oct.-Dec.) 1957 (In Spanish) [Buenos Aires].

Cancer of the breast in patients with hormonal disorders reacts favorably to endocrine treatment. In severe forms of cancer of the breast in an advanced stage, in young women of the premenopausal or early postmenopausal age, the treatment consists of administration of testosterone propionate and of therapeutic castration. Testosterone propionate is given in doses which vary between 50 and 100 mg. 3 times a week, either continuously or with intervals of interruption of short duration. Surgical or roentgen-ray castration is done either before or in the course of the testosterone treatment. Estrogenic therapy is indicated in ulcerative inoperable

carcinomas of the breast with invasion of the thoracic wall in elderly women, and in patients with visceral metastases. Stilbestrol is given in daily doses of 15 mg. for as long as the disease responds to the treatment. When the effects of castration stop, cortisone in daily doses which vary between 200 and 300 mg. produces significant remissions. When the good effects of hormonal treatment stop, total bilateral adrenalectomy or hypophysectomy is still of some benefit to the patient. Hormonal treatment is not a cure of carcinoma of the breast in the advanced stages. It is indicated only in cases in which either surgery or roentgen-therapy cannot be carried out.

PATHOLOGY

Sarcoma of the Mammary Gland. R. J. Botham, J. R. McDonald and O. T. Clagett. Surg. Gynec. & Obst. 107:55-61 (July) 1958 [Chicago].

A study of the clinical and microscopic features of sarcoma of the breast was undertaken to clarify such factors as the history and physical findings, gross and microscopic pathological observations, clinical course, and appropriate therapy associated with this type of primary neoplasm of the breast. The records of all patients seen at the Mayo Clinic during the 50 years between 1907 and 1956, inclusive, whose diagnoses contained the term "sarcoma" in reference to a tumor of the breast, were selected for study. The histories and the operative and pathological reports were reviewed. There were 34 cases in which the microscopic features of the primary lesion were consistent with a diagnosis of true primary sarcoma of the breast. The mean age of the 34 patients was 49.2 years, the extremes being 21 and 69 years. There were 33 women and 1 man in the series. The authors discuss the diagnosis, history and physical findings, gross and microscopic pathological aspects, clinical course, and treatment of primary mammary sarcoma.

The authors conclude that true primary sarcoma of the breast is a distinct clinical and pathological entity and that this lesion may contain one or more types of malignant mesenchymal tissue intimately admixed with malignant epithelial tissue. Associated palpable involvement of axillary lymphatic vessels is of little significance in determining the appropriate surgical therapy or ultimate clinical course associated with sarcoma of the breast. True primary sarcoma of the breast rarely, if ever, metastasizes to regional lymph nodes. Primary sarcoma of the breast, although occasionally associated with ulceration, rarely invades the overlying integument, but it is capable of metastasizing, and often does metastasize, primarily by way of the blood stream, most frequently to the lungs. The authors believe that simple mastectomy, with excision of the underlying pectoral musculature, is adequate therapy for sarcoma of the breast not containing a malignant epithelial component, and that primary sarcoma of the breast which also contains demonstrable carcinoma in fresh-frozen sections should be treated by radical mastectomy. They are convinced that wide local excision, when feasible, is indicated in the treatment of recurrent sarcoma of the breast.

PUBLIC HEALTH

Mass Prophylaxis of Epidemic Streptococcal Infections with Benzathine Penicillin G: II. Experience at a Naval Training Center During the Winter of 1956-57. R. B. McFarland, V. G. Colvin and J. R. Seal. New England J. Med. 258:1277-1284 (June 26) 1958 [Boston].

This program of streptococcic prophylaxis was carried out on the male-recruit population at the United States Naval Training Center, Bainbridge, Md., from Oct. 29, 1956, to May 9, 1957. A total of 12,858 men received an injection of benzathine penicillin, and 237 (1.8%) were excused because of a history of allergy to penicillin. Those recruits in each company with an even number for the last digit of the service number were given 600,000 units of penicillin, and those whose last digit was an odd number received 1.2 million units. Throat cultures were taken immediately prior to injection, again during the 8th week, and during the 10th and final week of training. Only 3 recruits among the 20,000 men at risk had rheumatic fever during the period from November, 1956, to June, 1957. One case was a recurrence which developed before the patient's company received prophylaxis. The second patient had had a sore throat 5 days prior to entering recruit training, and rheumatic fever developed in the third patient 2 months after his prophylaxis. Thus, only 1 of the 3 cases occurred after the single prophylaxis and might have been prevented by repeated injections.

Of the 13,905 men who were cultured in the 4th week, 294 (2.24%) had positive cultures. In the 8th week 11,965 men were cultured, and 43 (0.36%) had positive cultures. In the 10th week 12,511 men were cultured, of whom 175 were positive. Only 4 of the 141 recruit companies had over 10% of the cultures positive for group A streptococci in the 4th week, and only 4 other companies had over 10% positive in the 10th week. Of the 4,568 cultures taken from men who had received 600,000 units, 14 were positive at the 8th week, while in the 4,571 men who had received the 1.2-million-unit dose 5 were positive. At the time of the 10th-week cultures there were essentially the same number of positive cultures in both groups. In the period from 42 to 48 days after injection there were 54 positive cultures from the group who had received 600,000 units and 46 positive cultures among those who had received 1.2 million units. Under the conditions existing at the time of survey, the larger dose would seem to offer little advantage over the smaller dose in either degree or duration of infection.

BOOK REVIEWS

Modern Trends in Gastroenterology (Second Series). Edited by F. Avery Jones, M.D., F.R.C.P. Cloth. $16. Pp. 416; 23, with 143 illustrations. Paul B. Hoeber, Inc. (medical book department of Harper & Brothers), 49 E. 33rd St., New York 16, 1958.

This compilation reflects the advances made in gastroenterology. There is no attempt to be comprehensive, the selection of subjects being determined by progress and current interest shown in basic physiological research, clinical pathological entities, therapeutics, and diagnostic procedures. The reviews of collagen disease, Peutz-Jegher syndrome, and carcinoid tumors, with coverage of the clinical, chemical, physiological, and pathological advances made in the latter, are excellent. The advances made in diagnostic laboratory procedures, exposing new horizons in the field of cancer detection by exfoliative cytology, the use of the maximal histamine test for anacidity necessitating critical reappraisal of conditions associated with achlorhydria, and the position of radiographic cholangiography, are of great interest and well presented. The chapter dealing with the anatomy and pathological physiology of the lower esophagus and the chapters on the blind-loop syndrome, massive resection of the small intestine, and hepatic failure are instructive and of practical interest. The handling of the present position of ACTH, corticosteroids, and antibiotics is timely and includes appropriate words of caution as to the use of these agents. Reviews on peptic ulcer, ulcerative colitis, regional ileitis, steatorrhea, and selected protozoan and helminthic infestations are skillfully written. With all the chapters of such high caliber, this volume should be a worthy addition to many physicians' libraries.

Signs, Symptoms and Treatment of Certain Acute Intoxications. By William B. Deichmann, Ph.D., Professor and Chairman, Department of Pharmacology, University of Miami, School of Medicine, Coral Gables, Florida, and Horace W. Gerarde, M.D., Ph.D., Head Toxicologist, Esso Research and Engineering Company, Medical Research Division, Linden, N. J. Second edition. Cloth. $3.75. Pp. 154. Charles C Thomas, Publisher, 301-327 E. Lawrence Ave., Springfield, Ill.; Blackwell Scientific Publications, Ltd., 24-25 Broad St., Oxford, England; Ryerson Press, 299 Queen St., W., Toronto 2B, Canada, 1958.

This pocket reference book is intended as a reference for the treatment of acute intoxications by interns and residents in hospitals and poison control centers. The new edition has been expanded to include 400 additional entries and new sections on first aid and artificial respiration. No attempt has been made to include well-known chemicals, but information is provided on compounds that have been described in the most recent literature. Part 1 deals with first aid, general suggestions for treatment, drugs and dosages for treatment of intoxications, and supportive treatment; part 2 gives an alphabetical listing of toxic substances, with brief summaries of signs, symptoms, and treatment of acute intoxications. References to the literature are provided. In order to provide summary information, the authors have sacrificed details of treatment and special problems in many instances. While a handbook of this size is useful, the abbreviated nature of its content limits its value. Medical personnel would best be advised to use this handbook only as an adjunct to existing textbooks on the treatment of accidental or intentional intoxications.

Microbiology and Epidemiology. By La Verne Ruth Thompson, R.N., M.A., M.S. Fourth edition. Cloth. $6. Pp. 581, with 110 illustrations. W. B. Saunders Company, 218 W. Washington Sq., Philadelphia 5; 7 Grape St., Shaftesbury Ave., London, W. C. 2, England, 1958.

When a textbook reaches the fourth edition, it reflects the merit of the contents as well as a message for its readers. This valuable and informative book, in its present edition, keeps abreast with the research in the past years concerning not only the diagnostic procedures in microbiology but the advancing concepts in the field of epidemiology. The author indicates that the book is written primarily for the student whose chief interest lies in the field of health and welfare instead of bacteriology per se, but the reader should also enjoy a comprehensive survey of the subject. The author presents the subject of microbiology and epidemiology in a precise, succinct, and readable manner that holds the interest of the reader. Section 1 deals with microorganisms, their nature and response to environment, and their influence on their surroundings. Section 2 deals with body defenses and the various means of preventing and controlling infections. The illustrations and the text are clear and easy to follow, and at the end of each chapter references to the current textbooks and periodicals are given. There is a glossary of the important terms used in the text, and the index is adequate. Although the book does not give details of technical procedures for the identification and isolation of bacteria, it should be exceedingly beneficial to the student in his early training in bacteriology and epidemiology, as well as to the bacteriologist.

QUESTIONS AND ANSWERS

ISOLATION OF PATIENTS WITH STAPHYLOCOCCUS INFECTION

To the Editor:—*Please give information on the isolation of patients in the hospital once they are found to have a resistant staphylococcus infection. The particular problem is in a hospital with 125 beds.*

Clyde B. Hutt, M.D., Vancouver, Wash.

Answer.—The patient should be isolated in a private room. Only persons wearing gowns, masks, gloves, and caps are to be in the room. Hands are to be washed before and after the patient is touched. Dressings should be with individual packs, and regular dressing carts are to be kept out of the room. Laundry and linen are to be separated and washed with particular care, away from general hospital wash, after autoclaving. This includes blankets and mattress pads. The patient's room should be washed and thoroughly prepared before another patient is admitted. Investigation as to possible cause of infection should be made to prevent further difficulty. Nurses and aides who are staphylococcic carriers should not be allowed in the operating room and should be masked if they are to remain on the surgical service. All patients should be masked while they are in the operating room. Operating suites are to be equipped with positive-pressure ventilation. Treatment of the wound infection should be specific and based on antibiotic sensitivity studies.

EFFECTS OF SEWER GAS

To the Editor:—*An aged couple were exposed to sewer gas for a period of two years, due to an open vent in their attic. For two years they were subject to general malaise, headaches, fainting spells, tachycardia, and loss of appetite. What are the pathological findings in exposure to sewer gas over a long period of time, and what is the treatment?* *Otto Schott, M.D., Lansing, Iowa.*

Answer.—A search of the literature has indicated that it is doubtful whether any pathological effects would result from this exposure to sewer gas. While it is true that the gas in the sewers varies widely in composition, with varying amounts of hydrogen sulfide, other sulfur compounds, hydrocarbons, carbon monoxide, and carbon dioxide, the gases that would escape from a vent in an attic would be in high dilution and the amounts would appear to be negligible as far as any pathological effects are concerned.

The answers here published have been prepared by competent authorities. They do not, however, represent the opinions of any medical or other organization unless specifically so stated in the reply. Anonymous communications cannot be answered. Every letter must contain the writer's name and address, but these will be omitted on request.

DRAINAGE AFTER GASTRECTOMY

To the Editor:—*In a subtotal gastrectomy, even though satisfactory closure of the duodenal stump has been obtained, is it advisable to insert a rubber tissue drain in the region of the pancreas and bring it out through the incision? If it is not routinely advisable, are there any objections to doing so?* *M.D., Kentucky.*

Answer.—If the duodenal stump is closed to the surgeon's complete satisfaction after a subtotal gastrectomy has been performed and there is no kinking at the proximal edge to the gastrojejunostomy causing obstruction, no rubber tissue drainage is needed. Moreover, under no circumstances should a rubber tissue drain be drawn out through the incision, because a small stab wound in the right flank will avoid the weakening of the original abdominal incision. The objection to placing an unnecessary drain is formation of unnecessary multiple adhesions.

PSORIASIS AND FAT METABOLISM

To the Editor:—*Has calcium or cholesterol metabolism been known to exert any causative effect on psoriasis?* *M.D., New Jersey.*

Answer.—Dermatologists have long been suspicious of a relationship between fat metabolism and psoriasis, though the specific factor or error in metabolism has not yet been identified. Pustular psoriasis occurs also in younger persons without demonstrable hormonal imbalance, and there is no evidence to suggest that the drugs the patient takes or his illness are responsible for the eruption. The cause of psoriasis is still unknown, and the factor responsible for the so-called pustular variety is an even greater enigma.

HEAF TEST

To the Editor:—*Is the term "Heaf test" applied to the apparatus used for the multiple-puncture technique or to a specific material used with this apparatus?*

Austin H. Schoen, M.D., Franklin Square, N. Y.

Answer.—The term "Heaf test" is applied to the multiple-puncture technique of performing a tuberculin test. Various materials may be used, depending on the preference and experience of the operator. Several modifications of the original instrument have been devised, but all are variants of the multiple-puncture method.